

F960000005299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

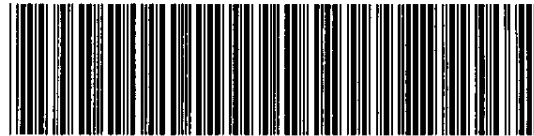
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 NOV 14 AM 10:19 14 NOV 14 PM 2:00
STATE DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARM
17/11



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 376818 5124708

AUTHORIZATION :

COST LIMIT :

[Signature]
\$35.00

ORDER DATE : November 13, 2014

ORDER TIME : 11:31 AM

ORDER NO. : 376818-035

CUSTOMER NO: 5124708

FOREIGN FILINGS

NAME: NCS HEALTHCARE OF FLORIDA,
INC.

☒ CORPORATE
☐ LIMITED PARTNERSHIP
☐ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER: _____

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TAMPA, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NCS Healthcare of Florida, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F96000005299

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this
matter to the following:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee,
Certificate of Status Certified Copy Certificate of Status & Certified
(Additional copy is Enclosed) Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL.32314

STREET ADDRESS:

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL. 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

NCS Healthcare of Florida, Inc.

(Name of Corporation)

F96000005299

(Document Number of Corporation (if known))

Ohio

(Incorporated Under Laws of)

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14 NOV 14 AM 10:19
STATE SECRETARIATE
TALLAHASSEE, FLORIDA

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:


201 E. 4th Street, Suite 900

(Mailing Address)

Cincinnati, OH 45202

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.


(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Jonathan D. Kukulski

(Typed or printed name of person signing)

11/11/2014

(Date)

Secretary

(Title of person signing)

FILING FEE \$35