

# F97000000778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

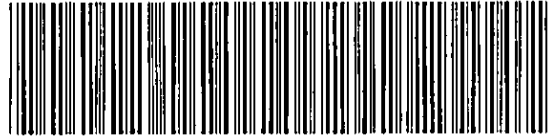
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 FEB -6 AM 9:27  
SECRETARY OF STATE  
TALLAHASSEE, FL

O SIMMONS  
FEB 07 2020

## Advanced Incorporating Service

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [orders@aisincfl.com](mailto:orders@aisincfl.com)  
Website: [www.aisincfl.com](http://www.aisincfl.com)

NAME OF ENTITY

*Diversified Clinical Services, Inc.*

FOR OFFICE USE ONLY

### PICK ONE:

☐ CERTIFIED COPY ☒ PHOTOCOPY ☐ C.U.S.

### FILING:

☐ CORPORATION ☐ LLC ☐ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP  
☐ FICTITIOUS NAME ☐ SERVICEMARK/TRADEMARK ☐ AMENDMENT  
☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN  
☒ OTHER *Withdrawal*

### RETRIEVAL:

☐ GOOD STANDING CERT/C.U.S. ☐ CERTIFIED COPY ☐ PHOTOCOPY  
Of \_\_\_\_\_

### APOSTILLE/CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE *2/6/20* TIME \_\_\_\_\_

Notes: \_\_\_\_\_

*File 1st  
please*

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

Diversified Clinical Services, Inc.

\_\_\_\_\_  
(Name of Corporation)

F97000000778

\_\_\_\_\_  
(Document Number of Corporation (if known))

Delaware

\_\_\_\_\_  
(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

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:

5220 Belfort Rd. Suite 130

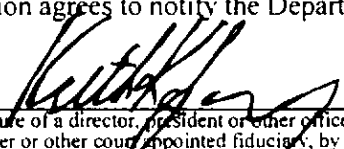
\_\_\_\_\_  
(Mailing Address)

Jacksonville, FL 32256

\_\_\_\_\_  
(City/ State /Zip)

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TALLAHASSEE, FL

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)

1/24/2020

\_\_\_\_\_  
(Date)

Keith Koford

\_\_\_\_\_  
(Typed or printed name of person signing)

Secretary

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**