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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Vision Benefits of America, Inc.		
(Name of Corporation)		
DOCUMENT NUMBER: F97000002153		
The enclosed withdrawal application and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Dianne D. Shaffer		
(Name of Person)		
Vision Benefits of America, Inc.		
(Firm/Company)		
300 Weyman Plaza		
(Address)		
Pittsburgh, PA 15236		
(City/State and Zip code)		
For further information concerning this matter, please call:		
Dianne D. Shaffer at (412) 881-4900 x203 (Name of Person) (Area Code & Daytime Telephone Number)		
(Name of Person) (Area Code & Daytime Telephone Number)		
STREET ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 MAILING ADDRESS: Amendment Section Division of Corporations Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

Vision Benefits of America, Inc.	
(Name of Corporation	2009 NOV
F97000002153	
(Document Number of Corporation	on (if known)
Pennsylvania	ي چين په
(Incorporated Under Lav	vs of) 5
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting the surrenders its authority to transact	ct affairs in Florida.
This corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of proce time it was authorized to transact business or conduct affairs in F	ess based on a cause of action arising during the
The following is a current mailing address for the corporation:	
300 Weyman Plaza	
(Mailing Address)	
Pittsburgh, PA 15236	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the f	uture of any change in its mailing address.
main of the last	November 2, 2009
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Dianne D. Shaffer	Secretary
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35