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TRANSMITTAL LETTER

TO: Amendment Section
SUBJECT: American Health Group, Ine (Name of corporation)
DOCUMENT NUMBER: F 97000002932
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Muchael H. Dordan
Muchael H. Dordan (Name of Person) SCH un Americane Health Group (Firm/Company)
2706 Fillmore St (Address)
Hollywood F1 33020 (City/State and Zip code)
For further information concerning this matter, please call:
Muchael Jordan at (954), 92/0993 (Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Amendment Section Division of Corporations 409 E. Gaines St. Tallahassee, FL. 32399

MAILING ADDRESS:

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

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

AMERICARE HEALTH GROUP, INC.
(Name of Corporation)
F 9700000 2932 (Document Number of Corporation (if known)
DE (Incorporated Under Laws of)
(Incorporated Under Laws of)
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: 2706 Fellmore St. (Mailing Address)
2706 Fellmore St. (Mailing Address) Hollywood F 1 33020 (City: State Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address. Mula Hambar (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)
MCHREL H JORDAN PRES (Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35