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SECRITARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations		
IOD INCORDOR	ATED	
SUBJECT: IOD INCORPORA	(Name of Corpora	tion)
DOCUMENT NUMBER: F970000	•	
The enclosed withdrawal application and	fee are submitted fo	r filing.
Please return all correspondence concerning matter to the following:	; this	
	Lori Reel	
	(Name of Person)	
HealthPort Technolo	ogies LLC	
	(Firm/Company)	
925 North Point Par	kway Ste 35	50
	(Address)	•
Alpharetta, Georgia	30005	
(C	City/State and Zip co	de)
For further information concerning this matt	ter, please call:	
Selena Mitchell	_{at (} 770	₎ 360-1718
(Name of Person) Enclosed is a check for the amount:		Code & Daytime Telephone Number)
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee Certified Copy (Additional copy Enclosed)	Certificate of Status & Certified
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

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

	IOD INCORPO	
	(ivame of Corpo	potation)
	F970000	
	(Document Number of Corp	rporation (if known)
	WISCO	NSIN
	(Incorporated Undo	der Laws of)
This corporation is no longer travoluntarily surrenders its authori		ducting affairs within the State of Florida and herel conduct affairs in Florida.
	te as its agent for service of	agent in Florida to accept service on its behalf at of process based on a cause of action arising durin affairs in Florida.
The following is a current mailir	ng address for the corporati	tion:
1	I030 Ontario R	Road
	(Mailing Add	Idress)
Gre	een Bay, Wisco	
	(City/ State /	/Zip)
The corporation agrees to notify	the Department of State in	in the future of any change in its mailing address.
(Signature of a director, presiden	t or other officer - if in the hands of ed fiduciary, by that fiduciary)	of a (Date)
Lori Rec		Chief Accounting Officer
(Typed or printed name	of person signing)	(Title of person signing)

FILING FEE \$35