

F97000005647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

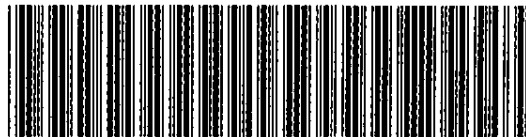
(Business Entity Name)

(Document Number)

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02/28/08--01015--010 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR 27 PM 1:45

Withd
G. Gouletto MAR 27 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION

DOCUMENT NUMBER: F97000005647

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDNA TURNER

(Name of Contact Person)

EBT MEDCLAIMS BILLING INC

(Firm/Company)

5445 NE 1ST LN

(Address)

Ocala FL 34470

(City/State and Zip Code)

For further information concerning this matter, please call:

EDNA TURNER

(Name of Contact Person)

at (352) 624-2814

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 4, 2008

EDNA TURNER
EBT MEDCLAIMS BILLING, INC.
5445 NE 1ST LANE
OCALA, FL 34470

SUBJECT: EBT MEDCLAIMS BILLING, INC.
Ref. Number: F97000005647

We have received your document for EBT MEDCLAIMS BILLING, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Dissolution to dissolve a Florida domestic corporation have been submitted in error. A withdrawal application must be filed to withdraw the authority of a foreign corporation in Florida.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 608A00013448

RECEIVED
2008 MAR 27 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EBT MEDCLAIMS BILLING INC
(Name of Corporation)

DOCUMENT NUMBER: F9700005647

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

Please return all correspondence concerning this matter to the following:

EDNA TURNER
(Name of Person)

EBT MEDCLAIMS BILLING INC
(Firm/Company)

3445 NE 1ST LN
(Address)

OCALA FL 34470
(City/State and Zip code)

For further information concerning this matter, please call:

EDNA TURNER at (352) 789-0090
(Name of Person) (Area Code & Daytime Telephone Number)

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

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

EBT MEDCLAIMS BILLING INC

(Name of Corporation)

F9700005647

(Document Number of Corporation (if known))

DELAWARE

(Incorporated Under Laws of)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR 27 PM 1:45

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:

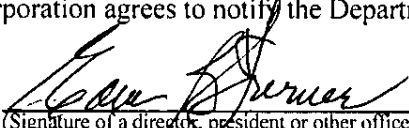
5445 NE 1ST LN

(Mailing Address)

OCAZA FL 34470

(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)

3/24/2008
(Date)

EDNA TURNER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE \$35