## F9700005881

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
(======,
Certified Copies Certificates of Status
Obtained Copies
Special Instructions to Filing Officer:

Office Use Only



700012215667

02/25/03--01016--022 \*\*43.75

03 FEB 25 PM 3: 19
ALLABASSEE, FLORID,

25 2/28/03 1 Shahawal

## TRANSMITTAL LETTER

· --

TO: Amendment Section Division of Corporations				
SUBJECT: PrimeVision East, Inc.	The second secon			
(Name of corporation)				
DOCUMENT NUMBER: F97000005	5881			
The enclosed withdrawal application and f	ee are submitted for filing.			
Please return all correspondence concerning matter to the following:	this			
Nicole Bertrand				
(Name of Person)	<del></del>			
OptiCare Health Systems, Inc.	and the second s			
(Firm/Company)	<del></del>			
87 Grandview Ave.				
(Address)	- <del></del>			
Waterbury, CT 06708				
(City/State and Zip code)				
For further information concerning this matter, please call:				
Nicole Bertrand	at ( 203 ) 596-2236			
(Name of Person)	(Area Code & Daytime Telephone Number)			
STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines St.	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327			
Tallahassee, FL. 32399	Tallahassee, FL. 32314			

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

PrimeVision East, Inc.

(Name of Co.	rporation)		
Delaware			
(Incorporated U	nder Laws Of)		
This corporation is no longer transacting business and hereby voluntarily surrenders its authority to t			
This corporation revokes the authority of its reg behalf and appoints the Department of State as its action arising during the time it was authorized to	agent for service of process based	l on a cau	se of
The following is a current mailing address for the	corporation:	; ; ;	03
87 Grandview Ave.			FEB 25
(Mailing A	Address)	SS	25
Waterbury, CT 06708		FE 15 8	PM 3:
(City/ Šta	ate /Zip)	ATE	19
The corporation agrees to notify the Department of address.	of State in the future of any change	in its ma	iling
Ella 2	VP, Secretary, CFO		
Signature of the chairman or vice chairman of the boar president, or any officer, or if the corporation is in the receiver, trustee, or other court-appointed fiduciary, by	d, Title hands of a v that fiduciary.		
William A. Blaskiewicz	1/2/03		
Typed or printed name	Date		