

F97000006246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
16 MAY 12 PM 4:19

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16 MAY 12 AM 8:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

W/D
MAY 13 2016
R. WHITE

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 139109 5124708

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : May 11, 2016

ORDER TIME : 3:19 PM

ORDER NO. : 139109-030

CUSTOMER NO: 5124708

FOREIGN FILINGS

NAME: PROFESSIONAL PHARMACY
SERVICES, INC.

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER: _____

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

Professional Pharmacy Services, Inc.

(Name of Corporation)

F97000006246

(Document Number of Corporation (if known))

Maryland

(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:

c/o Legal Dept., 201 East Fourth Street, Suite 900

(Mailing Address)

201 East Fourth Street, Suite 900, Cincinnati, OH 45202

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

Cecilia Temple

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

5/11/2016

(Date)

Cecilia Temple

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

FILING FEE \$35

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