

F98000001106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

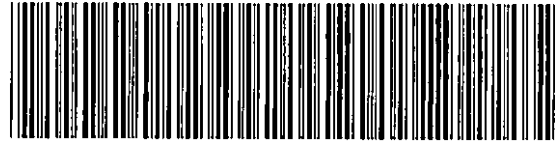
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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200421102452

Withdrawal

2024 JAN 30 AM 10:23

FILED

2024 JAN 30 AM 10:46  
RECEIVED  
SECRETARY OF STATE  
TOLSON, MISSOURI

RECEIVED

A. RAMSEY

JAN 31 2024

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 01/29/2024

**\*\*WALK IN\*\***

ENTITY NAME National Imaging Associates, Inc.

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$35

ACCOUNT #: I20160000072

*S. R. Webb*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** National Imaging Associates, Inc.

\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** F98000001106

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

Please return all correspondence concerning this matter to the following:

Margaret Alexander

\_\_\_\_\_  
(Name of Person)

Bass, Berry & Sims

\_\_\_\_\_  
(Firm/Company)

150 Third Avenue South, Suite 2800

\_\_\_\_\_  
(Address)

Nashville, TN 37201

\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

Margaret Alexander

at ( 615 ) 259-6721

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

National Imaging Associates, Inc.

\_\_\_\_\_  
(Name of Corporation)

F98000001106

\_\_\_\_\_  
(Document Number of Corporation (if known))

Delaware 2/26/1998

\_\_\_\_\_  
(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

FILED  
2024 JAN 30 AM 10:23

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:

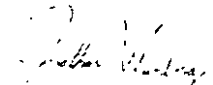
1812 N. Moore Street, Suite 1705

\_\_\_\_\_  
(Mailing Address)

Arlington, VA 2203

\_\_\_\_\_  
(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)

1/18/2024

\_\_\_\_\_  
(Date)

Jonathan Weinberg

\_\_\_\_\_  
(Typed or printed name of person signing)

Secretary

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**