F98000002740

Requester's Name

2763 meadow Church Rd
Address

Duloth GA, 30097
City/State/Zip   **Phone #**

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____   _____
   (Corporation Name)   (Document #)

   700004302417--6
   -05/23/01--01072--004
   ****35.00   ****35.00

2. _____   _____
   (Corporation Name)   (Document #)

3. _____   _____
   (Corporation Name)   (Document #)

4. _____   _____
   (Corporation Name)   (Document #)

☐ Walk in   ☐ Pick up time _____   ☐ Certified Copy

☐ Mail out   ☐ Will wait   ☐ Photocopy   ☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

Wdth 5-31-01 pks

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

E031(7/97)

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

Covenant Medical, Inc.
_____
(Name of Corporation)

Georgia
_____
(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 to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

2763 Meadow Church Road
_____
(Mailing Address)

Duluth, Georgia 30097
_____
(City/ State /Zip)

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

_____   President
Signature of the chairman or vice chairman of the board,   Title
president, or any officer.

William S Elrod   5-17-01
_____   _____
Typed or printed name   Date