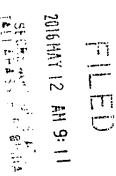
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DEPARTMENT OF THE

Milhorawal

MAY 13 2016 I ALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 139109 5124708

AUTHORIZATION : Smell bleman

COST LIMIT : \$(35.00

ORDER DATE: May 11, 2016

ORDER TIME : 3:19 PM

ORDER NO. : 139109-090

CUSTOMER NO: 5124708

## FOREIGN FILINGS

NAME: PHARMASOURCE HEALTHCARE, 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:** 

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

Pharmasource Healthcare, Inc.

(Name of Corp	
(wittle of Coib	oration)
F9800000406	
(Document Number of Cor	poration (if known)
Georgia	839
(Incorporated Und	er Laws of)
Poluntarily surrenders its authority to transact business or confine corporation revokes the authority of its registered appoints the Department of State as its agent for service of the time it was authorized to transact business or conduct a	gent in Florida to accept service on its behalf and of process based on a cause of action arising during ffairs in Florida.
The following is a current mailing address for the corporation of the	
· · · · · · · · · · · · · · · · · · ·	·
(Mailing Add	iress)
Cincinnati, OH	<del>4</del> 5202
(City/ State	Zip)
The corporation agrees to notify the Department of State in	the future of any change in its mailing address.
Cecilia Simple	5/11/2016
(Signature of a director, president or other officer - if in the hands of receiver or other court appointed fiduciary, by that fiduciary)	a (Date)
Cecilia Temple	Assistant Secretary
(Typed or printed name of person signing)	(Title of person signing)
	•

FILING FEE \$35