

F980000004102



600373724346

(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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TALLAHASSEE, FL

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Y SULKER
OCT 15 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 13, 2021

CT

SUBJECT: NEIGHBORCARE PHARMACY SERVICES, INC.
Ref. Number: F98000004102

We have received your document for NEIGHBORCARE PHARMACY SERVICES, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide the date the entity was authorized to transact business in the state of Florida.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder
Regulatory Specialist III

Letter Number: 021A00024879

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**3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724**

Date: 10/12/2021

Acc#I20160000072

W: c DW

Name:	Neighborcare Pharmacy Services, Inc.
Document #:	
Order #:	13747051 - 120

Certified Copy of Arts & Amend:	<input type="checkbox"/>	<h1>1-2 Filing</h1>	
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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		Withdrawal first, then Registration <input type="checkbox"/>	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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Availability _____
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Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **35.00**

Thank you!

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

NeighborCare Pharmacy Services, Inc.

(Name of Corporation)

F98000004102

(Document Number of Corporation (if known))

Delaware 07/20/1998

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

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:

201 E. 4th Street, Suite 900

(Mailing Address)

Cincinnati, OH 45202

(City/ State /Zip)

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TALLAHASSEE, FL

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

/s/ Cecilia Temple

5-7-2021

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

(Date)

Cecilia Temple

Secretary

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35