F-98000005481

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Accredo Health Services (Infusion), Inc.	
	ime of Corporation)
DOCUMENT NUMBER: F98000005481	
The enclosed withdrawal application and fee a	re submitted for filing.
Please return all correspondence concerning this matter to the following:	
Kristen Byrd	
	ame of Person)
Accredo Health, Inc.	
(Fi	irm/Company)
1640 Century Center Parkway, Suite 101	
	(Address)
Memphis, TN 38134	
(City/S	State and Zip code)
For further information concerning this matter, p	please call:
Kristen Byrd	at (901) 381-7414
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	MAILING ADDRESS: Amendment Section Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

FL032 - 02/02/2006 C T Filing Manager Online

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

(Name of Corporation)	98
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F98000005481	- p C C C C C C C.
(Document Number of Corporation (if known)	0,
	ج
Delaware	`
(Incorporated Under Laws of)	_
This corporation is no longer transacting business or conducting affairs within the State of Florida and he voluntarily surrenders its authority to transact business or conduct affairs in Florida.	reby
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf appoints the Department of State as its agent for service of process based on a cause of action arising during time it was authorized to transact business or conduct affairs in Florida.	
The following is a current mailing address for the corporation:	
1640 CENTURY CENTER PARKWAY, SUITE 101 (Mailing Address)	
MEMPHIS, TN 38134	
(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 threefor, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)	_
JEFFREY A. COOLE VP-TAX	_
(Typed or printed name of person signing) (Title of person signing)	

FILING FEE \$35