F98000006415

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ći	ty/State/Zip/Phone #)	
_		
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Ďo	ocument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to File	ng Officer:	
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO.	:	120000000195

REFERENCE: 593578 7953861

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: August 13, 2024

ORDER TIME : 10:38 AM

ORDER NO. : 593578-545

CUSTOMER NO: 7953861

FOREIGN FILINGS

NAME: MODERNIZING MEDICINE

GASTROENTEROLOGY, 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: Amanda Miller - EXT#

EXAMINER: _____

COVER LETTER

	ision of Corporations	
SUBJECT	Modernizing Medicine Gastroenter	ology, Inc.
SUBJECT	•	(Name of Corporation)
DOCUME	NT NUMBER: F98000006415	
The enclose	ed withdrawal application and	fee are submitted for filing.
Please retui	rn all correspondence concerning	g this matter to the following:
		(Name of Person)
		(Firm/Company)
		(Address)
_	((City/State and Zip code)
For further	information concerning this mat	ter, please call:
Patrick Hora	n	at () 880.2998
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is	a check for the amount:	
□ \$35 Fili	ng Fee □ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee. Certified Copy Certificate of Status & Certified (Additional copy is Enclosed) ☐ \$43.75 Filing Fee. Certificate of Status & Certified Copy (Additional copy is enclosed)
Am Div P.O	ling Address: endment Section ision of Corporations . Box 6327 lahassee, 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

Modernizing Medicine Gastroenterology, Inc.	
(Name of Corpora	ation)
F98000006415	
(Document Number of Corpor	ration (if known)
Delaware - 11/23/1998	
(Incorporated Under Laws of and date authorized to	transact business/conduct its affairs)
This corporation is no longer transacting business or conduc voluntarily surrenders its authority to transact business or con	-
This corporation revokes the authority of its registered age appoints the Department of State as its agent for service of pretime it was authorized to transact business or conduct affairs	ocess based on a cause of action arising during the
The following is a current mailing address for the corporation	ss) 2721 CCT 65 8
4850 T-Rex Ave., Suite 200	t ere
(Mailing Addre	ss) C:
Boca Raton, FL 33431	
(City/ State /Zi	p) 23
The corporation agrees to notify the Department of State in the	ne future of any change in its mailing address.
Patrick Horan	10/10/2024
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Patrick Horan	Assistant Secretary
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35