

F99000005381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

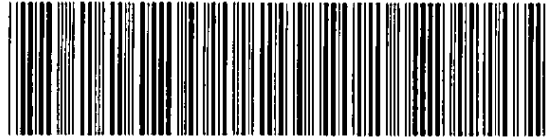
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



300431208793

Withdrawal

FILED  
2024 JUL -2 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

RECEIVED  
2024 JUL -2 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

JUL -3 2024  
A RAMSEY



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

To: Department Of State, Division Of Corporations  
From: Amanda Miller  
Ext:  
Date: 07/02/24  
Order #: 1547166-2  
Re: MultiPlan Services Corporation  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Amount to be deducted from our State Account: \$35.00 - FL State Account Number:

120000000195

AUTH

A handwritten signature in black ink, appearing to read "Lynette Coleman", is written over the word "AUTH".

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MultiPlan Services Corporation

\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** F99000005381

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kent Bartholomew

\_\_\_\_\_  
(Name of Person)

MultiPlan Corporation

\_\_\_\_\_  
(Firm/Company)

535 E. Diehl Rd.

\_\_\_\_\_  
(Address)

Naperville, IL 60563

\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

Kent Bartholomew

at ( <sup>314</sup> ) 440-0911

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>Enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status & Certified<br>Copy (Additional copy is enclosed) |
|--|--|---|---|

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, 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**

MultiPlan Services Corporation

(Name of Corporation)

F99000005381

(Document Number of Corporation (if known))

Delaware; October 20, 1999

(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:


535 E. Diehl Rd.

(Mailing Address)

Naperville, IL 60563

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

Kent Bartholomew

(Typed or printed name of person signing)

June 28, 2024

(Date)

Asst. Secretary

(Title of person signing)

**FILING FEE \$35**

FILED  
2024 JUL -2 PM 12 59  
STATE OF FLORIDA  
DEPARTMENT OF STATE