

F99000006769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

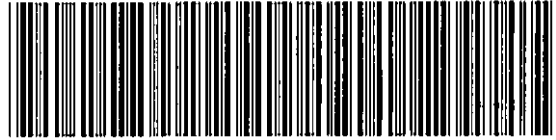
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 APR -3 PM 4:11

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2018 APR -3 PM 4:11

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 144933 7656375

AUTHORIZATION :

COST LIMIT : \$ 85.00

ORDER DATE : April 3, 2018

ORDER TIME : 2:55 PM

ORDER NO. : 144933-035

CUSTOMER NO: 7656375

FOREIGN FILINGS

NAME: PHILIPS MEDICAL FINANCIAL
SERVICES, 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: Emily Croft - EXT# 62925

EXAMINER: _____

COVER LETTER

2018 APR -3 PM 4:1

TO: Amendment Section
Division of Corporations

SUBJECT: PHILIPS MEDICAL FINANCIAL SERVICES, INC.

(Name of Corporation)

DOCUMENT NUMBER: F99000006769

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

Please return all correspondence concerning this
matter to the following:

(Name of Person)

Corporation Service Company

(Firm/Company)

251 Little Falls Drive

(Address)

Wilmington, DE 19808

(City/State and Zip code)

For further information concerning this matter, please call:

at (800) 927-9800

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee,
Certificate of Status Certified Copy Certificate of Status & Certified
(Additional copy is Enclosed) 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
2661 Executive Center Circle
Tallahassee, FL 32301

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

PHILIPS MEDICAL FINANCIAL SERVICES, INC.

(Name of Corporation)

F99000006769

(Document Number of Corporation (if known))

Washington

(Incorporated Under Laws of)

2018 APR - 3 PM 11

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:


c/o Andrew T. Hatt, 22100 Bothell Everett Highway

(Mailing Address)

Bothell, WA 98042

(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)

Joseph E. Innamorati

(Typed or printed name of person signing)

03/24/2018

(Date)

Vice President

(Title of person signing)

FILING FEE \$35