

CT CORPORATION

M99000001008

CORPORATION(S) NAME

1. Ormond Beach Emergency Services, LLC

2. Sanford Emergency Services, LLC

FILED
02 JUL 12 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

RECEIVED
02 JUL 12 AM 11:14
DIVISION OF CORPORATION

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> LLC Cancellation | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

7/12/02

Order#: 5478117

Ref#: _____

Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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-07/12/02--01005--012
*****25.00 *****25.00

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN
FLORIDA**

Ormond Beach Emergency Services, LLC

(Name of limited liability company)

North Carolina

(Jurisdiction of its organization)

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This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent 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 in Florida.

2828 Croasdaile Drive

(Mailing address)

Durham, NC 27705

(City/State/Zip)

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

Eugene F. Dauchert, Jr.

(Signature of member or authorized representative of a member)

Eugene F. Dauchert, Jr., Vice Pres, SHG/PhyAmerica Physician Services, Inc.

(Typed or printed name of signee)

Filing Fee: \$25.00