P11078

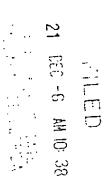
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COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJI	Automated Health Systems, Inc.		
	(Name of Corporation)		
DOCU	MENT NUMBER: P11078		
The en	closed withdrawal application and fee are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	Alex Neal		
	(Name of Person)		
	Automated Health Systems, Inc.		
	(Firm/Company)		
3545 Lakeland Drive (Address)			
	(City/State and Zip code)		
For fur	ther information concerning this matter, please call:		
Alex No	eal 601 664-4504 at ()		
	(Name of Person) (Area Code & Daytime Telephone Number)		
Enclos	ed is a check for the amount:		
□ \$35	Filing Fee \$\Bigsup \text{\$43.75 Filing Fee & Certificate of Status}\$\$ Certified Copy (Additional copy is Enclosed) \$\Bigsup \text{\$43.75 Filing Fee & Certified Copy (Certificate of Status & Certified Copy (Additional copy is enclosed)}\$\$		
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

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

Automated Health Systems, Inc.	
(Name of Corpora	ution)
P11078	
(Document Number of Corpor	ration (if known)
State of Mississippi on August 12, 1986	
(Incorporated Under Laws of and date authorized to	ransact business/conduct its affairs)
This corporation is no longer transacting business or conductor oluntarily 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 preime it was authorized to transact business or conduct affairs in	ocess based on a cause of action arising during th
The following is a current mailing address for the corporation	:
3545 Lakeland Drive	· 21
(Mailing Addre	ss)
Flowood, MS 39232	
(City/ State /Zi	
he corporation agrees to notify the Department of State in th	e future of any change in its mailing address.
AL	11/23/2021
(Signature of a director president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Jennifer J. Allen	Treasurer, Executive Vice President
(Typed or printed name of person signing)	(Title of person signing)