

P31061

Modis Professional Services

Requestor's Name

1 Independent Drive

Address

Jacksonville, Fla. 32202

City/State/Zip

Phone #

500002946405-- 9

-07/30/99--01003--009

*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

FILED
99 JUL 30 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. LEWIS JUL 30 1999

Examiner's Initials

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

HEALTH FORCE INC
(Name of Corporation)

NEW YORK
(Incorporated Under Laws Of)

FILED
99 JUL 30 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

ATTN: GERALD ROBINSON, TAX DIRECTOR
1 INDEPENDENT DR
(Mailing Address)

JACKSONVILLE, FL 32202
(City/State/Zip)

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

Gerald Robinson TAX DIRECTOR
Signature Title

GERALD ROBINSON
Typed or printed name Date