

Document Number Only

P37701

CT CORPORATION SYSTEM

660 EAST JEFFERSON STREET

Requestor's Name  
TALLAHASSEE, FL 32301

Address  
222-1092

City State Zip Phone

CORPORATION(S) NAME

1000012105121-1-2  
-03/05/97-01076-025  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Atlantic Ambulance, Inc.

- ☐ Profit  
☐ NonProfit  
☐ Limited Liability Co.  
☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Certified Copy  
☐ Call When Ready  
☒ Walk In  
☐ Mail Out
- ☐ Amendment  
☒ Dissolution/Withdrawal  
☐ Annual Report  
☐ Reservation  
☐ Photo Copies  
☐ Call if Problem  
☐ Will Wait
- ☐ Merger  
☐ Mark  
☐ Other  
☐ Change of R.A.  
☐ Fictitious Name Filing  
☐ CUS  
☐ After 4:30  
☒ Pick Up

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

CR2E031 (1-89)

3/05  
Withdrawal  
3/5/97  
file 2nd  
DL

RECEIVED  
97 MAR -5 PM 4:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
95 MAR -5 PM 11:12

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

Atlantic Ambulance, Inc.

(Name of Corporation)

Delaware

(Incorporated Under Laws Of)

FILED  
91 MAR -5 PM 4:18  
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.

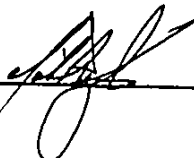
3221 North Service Road

(Mailing Address)

Burlington, Ontario Canada L7R 3Y8

(City - State - Zip)

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



Signature

February 27, 1997

Date

/ Michael Forsayeth

Typed or printed name

Vice-President, Financial Operations

Title

P39084

STATE OF FLORIDA  
OFFICE OF THE COMPTROLLER  
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: CT Corporation System EIN or SS#: 51-0006522

Address: ATTN: David Farber  
818 West 7th Street, 2nd Floor, Los Angeles, CA 90017

Amount: \$35.00 Date Paid \_\_\_\_\_

Reason for claim: Request was made for refund of fees paid to change  
the registered agent for CALIFORNIA HALL CORPORATION. (P39084)

Darlene Connell - Amendment Section

*Certified true and correct this* 6<sup>th</sup> *day of* March, 1997

*Signature* David J. Farber

\* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ <u>35.00</u>	
The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. <u>01069 004</u> dated <u>12/11/96</u>	
Name of Account	<u>45202130001453000000000010000</u>
Statutory Authority for Collection	<u>607.0122</u>
It is requested that payment be made from the following account:	
NAME OF ACCOUNT:	<u>452021300014530000000022002000</u>
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations (Agency)	(Authorized Signature and Title)