

F07000003574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

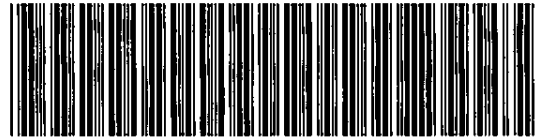
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
14 JAN 14 PM 4:53  
STATEMENT OF STATE  
ATTORNEY GENERAL

Withdrawal  
01-22-14  
DC



January 7, 2014

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Subject: Rx Pro Health, Inc. conversion in home state to LLC

To Whom It May Concern:

I am submitting the withdrawal for Rx Pro Health, Inc. and registering foreign LLC Rx Pro Health, LLC as the entity has converted in its home state of Colorado.

Two checks are enclosed:

- \$43.75 for the withdrawal and certified copy
- \$130 for the LLC filing and certificate of status

Please feel free to contact me at (858) 314-7443 or by email at [ann.stipica@amnhealthcare.com](mailto:ann.stipica@amnhealthcare.com) should you have any questions. Please send evidence of this filing to my attention at:

Rx Pro Health, LLC  
12400 High Bluff Dr., Ste. 100; ATTN: Legal  
San Diego, CA 92130

Sincerely,

A handwritten signature in black ink, appearing to read 'Ann Stipica'.

Ann Stipica  
Paralegal

RECEIVED  
14 JAN 14 AM 8:30  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Rx Pro Health, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** F07000003574

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

Please return all correspondence concerning this matter to the following:

Ann Stipica

(Name of Person)

Rx Pro Health, Inc.

(Firm/Company)

12400 High Bluff Dr., Ste. 100; Attn: Legal

(Address)

San Diego, CA 92130

(City/State and Zip code)

For further information concerning this matter, please call:

Ann Stipica

(Name of Person)

at ( 858 ) 314-7443

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)
- \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

RECEIVED

14 JAN 14 AM 8:30

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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**

**Rx Pro Health, Inc.**

(Name of Corporation)

**F07000003574**

(Document Number of Corporation (if known))

**Colorado**

(Incorporated Under Laws of)

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:

**12400 High Bluff Dr., Ste. 100**

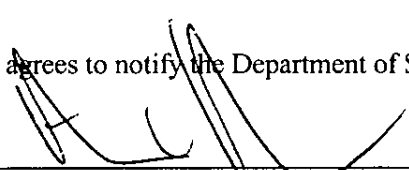
(Mailing Address)

**San Diego, CA 92130**

(City/ State /Zip)

FILED  
14 JAN 14 PM 14 53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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)

**Denise L. Jackson**

(Typed or printed name of person signing)

**12-26-13**  
(Date)

**SVP, General Counsel & Secretary**

(Title of person signing)

**FILING FEE \$35**