1940649

| (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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TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations | |
|--|---|
| SUBJECT: MAG Mutual Healthcare | Consultants, Inc. |
| (Name of c | orporation) |
| DOCUMENT NUMBER: P40649 | g gasta and the state of the s |
| The enclosed withdrawal application and fee an | re submitted for filing. |
| Please return all correspondence concerning this matter to the following: | ≅ |
| Sherry Johnson | |
| (Name of Person) | |
| MAG Mutual Heatlthcare Solutions | Inc. |
| (Firm/Company) 3025 Breckinridge Blvd., Suite 1 | <u>.</u> |
| | = = |
| (Address) Duluth, GA 30096 | None - |
| | |
| (City/State and Zip code) | |
| For further information concerning this matter, p | lease call: |
| Sherry Johnson | 770 931-7700 at() |
| (Name of Person) | (Area Code & Daytime Telephone Number) |
| STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines St. | MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 |
| Tallahassee, FL. 32399 | Tállahassee, FL. 32314 |

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

| MAG Mutual Healthcare Consultants, Inc. |
|---|
| (Name of Corporation) |
| State of Georgia (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: |
| 3025 Breckinridge Blvd., NE Suite 120 |
| (Mailing Address) |
| Duluth, GA 30096 (City/State/Zip) |
| (City/ State /Zip) |
| The corporation agrees to notify the Department of State in the future of any change in its mailing address. |
| Signature of the chairman or vice chairman of the board, president, or any officer, or if the corporation is in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary. |
| James Lyle = 9/10/03 |
| Typed or printed name Date |