

Filing Fee: \$50.00

ID Number: 000103071



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

2010 JUL 12 AM 10:14
CORPORATIONS DIV

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF WITHDRAWAL

Pursuant to the provisions of Section 7-1.2-1412 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation hereby applies for a Certificate of Withdrawal from the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is Advantage Health Services, Inc.
2. It is incorporated under the laws of Florida
3. It is not transacting business in the state of Rhode Island.
4. It hereby surrenders its authority to transact business in the state of Rhode Island.
5. It revokes the authority of its registered agent in this state to accept service of process, and consents that service of process in any action, suit, or proceeding based upon any cause of action arising in this state during the time the corporation was authorized to transact business in this state may subsequently be made on the corporation by service thereof on the Secretary of State of the State of Rhode Island.
6. The post office address to which the Secretary of State may mail a copy of any process against the corporation that is served on the Secretary of State:
101 Sun Ave. NE, Albuquerque, NM 87109
7. As required by Section 7-1.2-1413 of the General Laws, the corporation has paid all fees and taxes.
8. If the corporation is in the hands of a receiver or trustee, this Application for Certificate of Withdrawal must be executed on behalf of the corporation by the receiver or trustee.
9. This Application for Certificate of Withdrawal shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Withdrawal, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: June 23, 2010

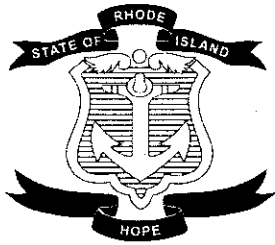
Signature of Authorized Officer of the Corporation

Michael T. Berg

Type or Print Name of Authorized Officer

61:01:11 2-511012
JUL 12 2010

FILED
AUG 02 2010
By DS 10:19
1237112



STATE OF RHODE ISLAND AND
 PROVIDENCE PLANTATIONS
 DEPARTMENT OF ADMINISTRATION
 DIVISION OF TAXATION
 ONE CAPITOL HILL
 PROVIDENCE, RI 02908

103071

2010 JUL 12 AM 10:47

RECEIVED
 DIVISION OF TAXATION
 DEPARTMENT OF ADMINISTRATION

TAX DEPARTMENT
 ADVANTAGE HEALTH SERVICES, INC
 101 SUN AVE, NE
 ALBUQUERQUE, NM 87109

LETTER OF GOOD STANDING

It appears from our records that **ADVANTAGE HEALTH SERVICES INC** has filed all the required returns due to be filed and paid all taxes indicated thereon and is in good standing with this Division as of **6/14/2010** regarding any liability under the Rhode Island Business Corporation Tax Law.

This letter is issued pursuant to the request of the above named corporation for the purpose of:

WITHDRAWAL FOR SECRETARY OF STATE

Very truly yours,

David M. Sullivan

David M. Sullivan
 Tax Administrator

Steven A. Cobb

Steven A. Cobb
 Chief Revenue Agent
 Office Audit and Discovery

850455690-00:10032817

2010 JUN -2 AM 10:20

RECEIVED
 DIVISION OF TAXATION
 DEPARTMENT OF ADMINISTRATION



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

