

Application for Certificate of Withdrawal FOREIGN Business Corporation

→ Filing Fee: \$50.00			2016
Pursuant to the provisions of RIGI applies for a Certificate of Withdra the following statement:			ereby , 유 블ョー
1. Entity ID Number:	2. The name of the corporation i	s:	PH
001071449	Automated Medical Billing So	lutions INC	D STATE
3. It is incorporated under the laws of: MA			
4. The corporation is not trasacting business in this state and surrenders its authority to transact business in this state.			
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 Department of State of the State of Rhode Island.			
6. The post office address to which the Department of State may mail a copy of any service of process against the corporation that is served on the Department of State:			
1290 Wilson Rd. Fall River Ma 02720			
7. As required by RIGL <u>7-1.2-1413</u> , the corporation has paid all fees and taxes. RI Division of Taxation's ORIGINAL letter of good standing (LOGS) for the purpose of withdrawal MUST accompany this form.			
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. Date when this certificate of withdrawal will be effective: CHECK ONE BOX ONLY			
✓ Date received (Upon filing)			
Later effective date (Date must be no more than 90 days from the day of 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.			
Type or Print Name of Authorized Off	icer .		Date
John J Moss			10/10/2016
Signature of Authorized Officer of the Corporation			
Johns Johns	SIGN DOCUMEN	IT HERE	

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 154 - Revised: 06/2016



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

MICHAEL FERREIRA AUTOMATED MEDICAL BILLING SOLUTIONS INC 1290 WILSON RD FALL RIVER, MA 02720-8604 R.I. DEPT. OF STATE
BUS SVCS DIV

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LETTER OF GOOD STANDING

It appears from our records that AUTOMATED MEDICAL BILLING SOLUTIONS, INC. has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. AUTOMATED MEDICAL BILLING SOLUTIONS, INC. is in good standing with the Rhode Island Division of Taxation as of 12/21/2016. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or permit may be denied in accordance with R.I. Gen. Laws § 44-20-4.1.

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

WITHDRAWAL FOR SECRETARY OF STATE

This letter of good standing is valid <u>only</u> for the specific reason listed above, and is not valid for any other reason(s).

Very truly yours,

Néena Savage

Acting Tax Administrator

Cheri O'Connor

Supervising Revenue Officer Compliance and Collections

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