



**State of Rhode Island
Office of the Secretary of State**

Fee: \$10.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation

Application for Certificate of Withdrawal

(Section 7-6-83 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the corporation is AMERICAN ACADEMY OF FAMILY PHYSICIANS

ARTICLE II

It is incorporated under the laws of IL

ARTICLE III

It is not conducting affairs in the state of Rhode Island.

ARTICLE IV

It hereby surrenders its authority to conduct affairs in the state of Rhode Island.

ARTICLE V

It revokes the authority of its registered agent in Rhode Island 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 Rhode Island during the time the corporation was authorized to conduct affairs in Rhode Island may hereafter be made on the corporation by service thereof on the Secretary of State of the State of Rhode Island.

ARTICLE VI

The post office address to which the secretary of state may mail a copy of any process against the corporation that may be served on him or her is:

11400 TOMAHAWK CREEK PARKWAY, LEAWOOD, KS 66211

Signed this 26 Day of August, 2021 at 12:21:35 PM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Exact Name of Corporation Making Application

By SHANNON SCOTT

 President or X Vice President (check one)

AND

By HEATHER LEITH

X Secretary or Assistant Secretary (check one)

Form No. 254
Revised 09/07

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State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, Secretary of State

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
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:

August 26, 2021 12:21 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

