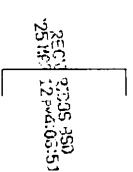
RI SOS Filing Number: 202567002930 Date: 3/12/2025 4:06:00 PM



## State of Rhode Island Department of State - Business Services Division



## **Application for Certificate of Withdrawal**

**FOREIGN Business Corporation** 

→ Filing Fee: \$50.00

	_ <u>7-1.2-1412</u> and <u>7-1.2-1413</u> , the undersigned corporation has been state of Rhode Island, and for that purpose su	
1. Entity ID Number:	2. The name of the corporation is:	
000962136	FOCUS Healthcare Management, Inc.	
3. It is incorporated under the law	vs of: Tennessee	
4. The corporation is not trasactir	ng business in this state and surrenders its authority to trans	act business in this state.
process in any action, suit, or pro	egistered agent in this state to accept service of process, an acceeding based upon any cause of action arising in this state insact business in this state may subsequently be made on the of the State of Rhode Island.	e during the time the
The post office address to whice corporation that is served on the 9771 CLAIREMONT MESA BLVD		of process against the
7. The corporation certifies that it	has no outstanding tax obligations. As required by RIGL § 7	-1.2-1413, the corporation has
paid all fees and taxes. [Note: Tax	x status can be verified by emailing tax.collections@tax.rl.go	<u>5Ř</u> .]
<ol><li>If the corporation is in the hand on behalf of the corporation by th</li></ol>	ds of a receiver or trustee, this Application for Certificate of V e receiver or trustee.	Vithdrawal must be executed
9. Date when this certificate of wi	thdrawal will be effective: CHECK ONE BOX ONLY	
∑ Date received (Upon filing)     Later effective date (Date me	ust be no more than 90 days from the date of filing)	
	clare and affirm that I have examined this Application for Ce chments, and that all statements contained herein are true a	
Type or Print Name of Authorized Off	icer	Date
Stephanie Kroon		March <sup>((</sup> , 2025
Signature of Authorized Officer of the	Corporation	

MAIL TO:

**Division of Business Services** 

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

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

FILED

4:04

MAR 1 2 2025

BY 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: 12/2023

RI SOS Filing Number: 202567002930 Date: 3/12/2025 4:06:00 PM



I, GREGG M. AMORE, 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:

March 12, 2025 04:06 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

