



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2023 FEB 13 A 10:31

Application for Certificate of Withdrawal
 FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-1.2-1412 and 7-1.2-1413, 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. Entity ID Number: <input type="radio"/> 001731279 | 2. The name of the corporation is: <input type="radio"/> HEARTBEAT MEDICAL GROUP, P.A. |
| 3. It is incorporated under the laws of: <input type="radio"/> Florida | |
| 4. The corporation is not transacting business in this state and surrenders its authority to transact business in this state. <input type="radio"/> | |
| 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. <input type="radio"/> | |
| 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: <input type="radio"/> 156 W 56th St suite 1000, New York, New York 10019 | |
| 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. <input type="radio"/> | |
| 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. <input type="radio"/> | |
| 9. Date when this certificate of withdrawal will be effective: CHECK ONE BOX ONLY <input type="radio"/> | |
| <input checked="" type="checkbox"/> Date received (Upon filing) | |
| <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the day of filing) _____ | |
| <i>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.</i> <input type="radio"/> | |
| Type or Print Name of Authorized Officer Jeffrey D. Wessler, President | Date 1/24/23 |
| 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.ri.gov

1031
FILED
 FEB 13 2023
 BY NQHQD

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.



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

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:

February 13, 2023 10:31 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

