

F94000006045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

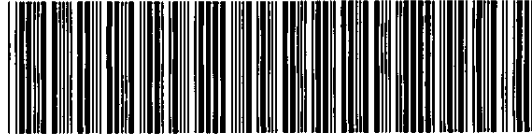
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 JUN 29 PM 4:18
SECRETARY OF STATE
DIVISION OF CORPORATIONS

RECEIVED
16 JUN 29 PM 3:59
SECRETARY OF STATE
DIVISION OF CORPORATIONS

JUN 30 2016

C McNAIR

WALKER

PLEASE FILE FIRST

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

16 JUN 29 PM 14:19
SECRET
CORPORATIONS
DIVISION 6

ACCOUNT NO. : I20000000195

REFERENCE : 196529 4358473

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : June 28, 2016

ORDER TIME : 3:15 PM

ORDER NO. : 196529-015

CUSTOMER NO: 4358473

FOREIGN FILINGS

NAME: GENESIS ELDERCARE
REHABILITATION SERVICES, INC.

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Melissa Zender - EXT# 62956

EXAMINER: _____

RECEIVED BY THE STATE
DIVISION OF CORPORATIONS
16 JUN 23 PM 4:18

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Genesis ElderCare Rehabilitation Services, Inc.

(Name of Corporation)

DOCUMENT NUMBER:

F940000006045

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathryn Kovach

(Name of Person)

Genesis Healthcare Inc.

(Firm/Company)

101 E. State Street

(Address)

Kennett Square PA 19348

(City/State and Zip code)

For further information concerning this matter, please call:

Kathy Kovach

at (610) 925-4237

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL.32314

STREET ADDRESS:

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL. 32301

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Genesis ElderCare Rehabilitation Services, Inc.

(Name of Corporation)

F94000006045

(Document Number of Corporation (if known))

Pennsylvania

(Incorporated Under Laws of)

19 JUN 20 11 41 AM
RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

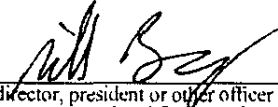
101 E. State Street

(Mailing Address)

Kennett Square PA 19348

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.


(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Asst Secretary

6/28/2016

(Date)

Michael Berg

(Typed or printed name of person signing)

Asst Secretary

(Title of person signing)

FILING FEE \$35