

FILED

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REFERENCE

870618

4334907

ORDER DATE: October 20, 2000

ORDER TIME: 11:54 AM

ORDER NO. : 870618-010

700003433727

CUSTOMER NO: 4334907

CUSTOMER: Ms. Heather Burgess

Hca The Healthcare Company

Po Box 750 One Park Plaza

Nashville, TN 37203

FOREIGN FILINGS

NAME: GENERAL HEALTH SERVICES, INC.

PROFIT XX CORPORATE NON-PROFIT LIMITED PARTNERSHIP XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY PLAIN STAMPED COPY _ CERTIFICATE OF GOOD STANDING

G. COULLIETTE OCT 2 0 2000

CONTACT PERSON: Jeanine Reynolds EXT 1133

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

General Health Serv		产马 內 不	
(Name of Corpora	ation)	至何 乌 二	
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		が多らに	
Delaware			
(Incorporated Under	Laws Of)	3	
		97	
771 ***	. 4		
This corporation is no longer transacting business or co			
and hereby voluntarily surrenders its authority to transa	act business or conduct affairs	s in Florida.	
•			
This comparation may also the authority of its magistant	d agent in Florida to accept		
This corporation revokes the authority of its registered	-		
behalf and appoints the Department of State as its ager	at for service of process based	d on a cause of	
action arising during the time it was authorized to trans	sact business or conduct affair	rs in Florida.	
PROMI (* 17 * * * * * * * * * * * * * * * * * *		.,	
The following is a current mailing address to which the		mail a copy of	
any process against this corporation that may be served	l on the Department.		
	_		
One Park Plaza	·	<u> </u>	<u>.</u> .
(Mailing Addre	SS)		
Macherilla Monnoggo 27302			
Nashville, Tennessee 37203 (City/ State /Zi	n/		. 7. =
(City/ State /Zi	P)		
		• •, •	
The corporation agrees to notify the Department of Sta	ite in the future of any change	an its maning	-
address.		-	
//. //			
	5		
	Assistant Secretary		T
Signature of the chairman or vice chairman of the board,	Title		
president, or any officer.			
David Denson	October 18, 2000		2
Typed or printed name	Date	·	