

B02000000376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600128525256

05/12/08--01061--011 \*\*52.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 MAY 12 PM 4:01

J. BRYAN

MAY 13 2008

EXAMINER



(a joint venture between Charles Jones and Data Trace)  
300 Phillips Blvd., Trenton, NJ 08618 or  
PO Box 8787, Trenton, NJ 08650-0787  
Tel: 609-883-7000 Fax: 609-883-7891  
Email: [corpservices@signatureinfo.com](mailto:corpservices@signatureinfo.com)

State: FL  
Date: April 29, 2008  
To: Division of Corporations  
From: H. Jordan Rouse  
Re: Mental Health Institutional Services, L.P.  
(Withdrawal Filing)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAY 12 PM 4:01

Enclosed herewith please find the necessary documents to withdrawal the above corporation in your state, together with our check in the amount of \$52.50.

Please file upon receipt, returning a stamp filed copy of the document to my attention by regular mail in the self addressed, stamped envelope, or mail to:

Signature Information Solutions LLC  
300 Phillips Blvd.  
Trenton, NJ 08618  
Attn: H. Jordan Rouse

Should you need further information, or if there are any problems with the filing please contact me as soon as possible at (800) 792-8888, ext. 5409.

Thank you for your assistance in this matter.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Mental Health Network Institutional Services, L.P.  
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed Notice of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

H. Jordan Rouse

(Contact Person)

Signature Information Solutions, LLC

(Firm/Company)

300 Phillips Blvd, Ste 400

(Address)

Trenton, NJ 08618

(City, State and Zip Code)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAY 12 PM 4:01

For further information concerning this matter, please call:

H. Jordan Rouse at ( 800 ) 792-8888 Ext. 5409  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee  
and Certificate of  
Status

☐ \$105.00 Filing Fee  
and Certified Copy

☐ \$113.75 Filing Fee,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

**NOTICE OF CANCELLATION  
FOR  
FOREIGN LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

Mental Health Network Institutional Services, L.P.

(Name of limited partnership or limited liability limited partnership)

Texas

(Jurisdiction of formation)

11/18/2002

(Date authorized to transact business in Florida)

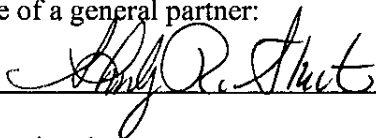
This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.

Effective date, if other than the date of filing: \_\_\_\_\_

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner:



Typed or printed name:

Coventry Health Care, Inc. GP, By: Shirley R. Smith, Secretary

<b>Filing Fee:</b>	<b>\$52.50</b>
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAY 12 PM 4:01