

B05000000209

(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:

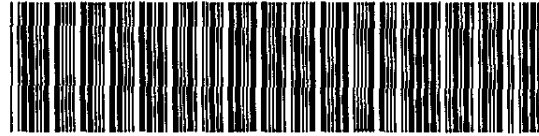
B05-209
A02-1044

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Office Use Only

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05/03/05--01011--011 **52.50

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05 JUN -3 PM 1:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Reshaping the future

From the desk of . . .

David W. Tayce

May 17, 2005

Dear Mr. Merrick:

Per our conversation today, I am returning the paperwork sent to me regarding Chase Medical, LP. Please process our application for withdrawal by a foreign corporation.

Thank you,

A handwritten signature in black ink, appearing to read "David W. Tayce", with a horizontal line drawn above the name.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 6, 2005

DAVID W. TAYCE
1876 FIRMAN DRIVE
RICHARDSON, TX 75081

SUBJECT: CHASE MEDICAL, L.P.
Ref. Number: A02000001044

We have received your document for CHASE MEDICAL, L.P. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6890.

Jason Merrick
Document Specialist

Letter Number: 005A00032730

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Chase Medical, LP
(Name of corporation)

DOCUMENT NUMBER: B05 000000209

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

Please return all correspondence concerning this matter to the following:

David W. Tayce
(Name of Person)

Chase Medical, LP
(Firm/Company)

1876 Firman Drive
(Address)

Richardson, TX 75081
(City/State and Zip code)

For further information concerning this matter, please call:

David Tayce at (972) 783-0644 x260
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL. 32399

MAILING ADDRESS:

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

SECRETARY OF
STATE
TALLAHASSEE,
FLORIDA

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CERTIFICATE OF CANCELLATION FOR

Chase Medical, LP

(insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.174, Florida Statutes, this foreign limited partnership hereby submits this Certificate of Cancellation in order to cancel its registration with the Florida Department of State.

D.M. HERNON

(Signature of a General Partner)

D.M. HERNON, Secretary, CHS Holding Company, Inc
(Typed or Printed name of General Partner Signing Above)

General Partner

STATE OF

COUNTY OF

On this 3RD day of JUNE,
personally appeared before me,

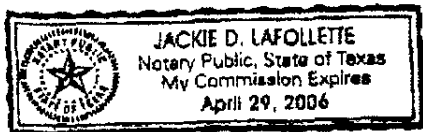
☒ who is personally known to me

☐ whose identity I proved on the basis of _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JACKIE D. LAFOLLETTE
Notary Public Signature

JACKIE D. LAFOLLETTE
Notary's Printed Name



Seal

My Commission Expires: 4-29-2006