

F0000000002819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

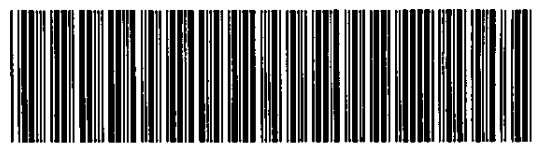
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION  
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Withdrawal  
CC

SEP 14 2015  
I ALBRITTON

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** KANAWHA HEALTHCARE SOLUTIONS, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** F00000002819

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

Please return all correspondence concerning this matter to the following:

COURTNEY DURALL

(Name of Person)

HUMANA

(Firm/Company)

500 W MAIN STREET, 21ST FLOOR

(Address)

LOUISVILLE, KY 40202

(City/State and Zip code)

For further information concerning this matter, please call:

COURTNEY DURALL

at ( 502 ) 476-9728

(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**

KANAWHA HEALTHCARE SOLUTIONS, INC.

(Name of Corporation)

F00000002819

(Document Number of Corporation (if known))

TENNESSEE

(Incorporated Under Laws of)

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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:

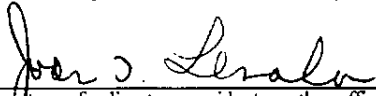
500 W MAIN STREET, C/O ELYSIA SOLOMON

(Mailing Address)

LOUISVILLE, KY 40202

(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)

JOAN O. LENAHAN

(Typed or printed name of person signing)

8/24/2015

(Date)

VICE PRESIDENT & CORPORATE SECRETARY  
(ON BEHALF OF KANAWHA INSURANCE  
COMPANY, SUCCESSOR TO KANAWHA  
HEALTHCARE SOLUTIONS, INC.)

(Title of person signing)

**FILING FEE \$35**