F00000006159

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: JOHN ALDEN HORIZON HEALTH, INC (Name of corporation)		
DOCUMENT NUMBER: <u>F0000006159</u>		
The enclosed withdrawal application and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
PAUL RHEINBERGER (Name of Person)		
MANAGED CARE CONSULTANTS / HURIZON HEALTH (Firm/Company)		
311 N. PECOS ROAD SUITE (Address)	100	
HENDERSON, NV 89074 (City/State and Zip code)		
For further information concerning this matter, please call:		
PAUL RHEIMBERGER at (702) 792-2994 x 228 (Name of Person) (Area Code & Daytime Telephone Number)		
Amendment Section Amendm	NG ADDRESS: nent Section of Corporations k 6327	

Tallahassee, FL. 32399

Tallahassee, FL. 32314

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

JOHN ALDEN HORIZON HEALTH, FNC. (Name of Corporation)
F 000000 6159 (Document Number of Corporation (if known)
(Incorporated Under Laws of)
This corporation is no longer transacting business or conducting affairs within the State of Florida and bereby 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:
321 N. PECOS ROAD SUITE 500 (Mailing Address)
HENDERSON, NV 89074 (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) (Date)
PAUL RHEINBERGER (Typed or printed name of person signing) QHIEF FINANCIAL OFFICER (Title of person signing)

FILING FEE \$35