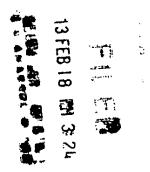
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: SunHealth Specialty	Services. Inc.	
	me of Corporation)	
DOCUMENT NUMBER: F0100000		
The enclosed withdrawal application and fee a Please return all correspondence concerning this	The state of the s	
Legal Department		
(Na	ame of Person)	
SunHealth Specialty Services, Inc.		
(Firm/Company)		
101 Sun Ave NE		
	(Address)	
Albuquerque, NM 8710)9	
(City/S	tate and Zip code)	
For further information concerning this matter, p	lease call:	
Anne Rider	at (505) 468-5614	
(Name of Person) Enclosed is a check for the amount:	(Area Code & Daytime Telephone Number)	
(A	33.75 Filing Fee & S52.50 Filing Fee, crtified Copy Certificate of Status & Certified Additional copy is Copy (Additional copy is enclosed)	
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle	

Tallahassee, FL. 32301

Tallahassee, FL.32314

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

SunHealth Specialty Services,	Inc.
(Name of Corporation)	
F0100000999	
(Document Number of Corporation (if known)
New Mexico	
(Incorporated Under Laws o	f)
This corporation is no longer transacting business or conducting at voluntarily surrenders its authority to transact business or conduct a This corporation revokes the authority of its registered agent in lappoints the Department of State as its agent for service of process	affairs in Florida. Florida to accept service on its behalf and
the time it was authorized to transact business or conduct affairs in	
The following is a current mailing address for the corporation:	
101 Sun Ave NE	
Albuquerque, NM 87109	
(Ĉity/ State /Zip)	
The corporation agrees to notify the Department of State in the futu	re of any change in its mailing address. 1/22/13
(Signature of a director, presidency other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Michael T. Berg	Assistant Secretary
(Typed or printed name of person signing)	(Title of person signing)
FILING FEE \$35	