

FOI0000001869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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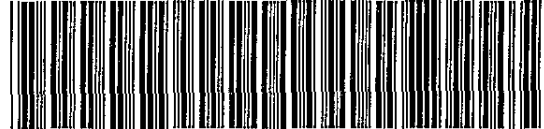
(Business Entity Name)

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388-3-17-03
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40-17-03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MEDITRUST HEALTHCARE CORPORATION
(Name of corporation)

DOCUMENT NUMBER: F01000001869

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

Please return all correspondence concerning this matter to the following:

KATHRYN C. SHARP
(Name of Person)

C/O LA QUINTA TAX DEPT.
(Firm/Company)

P.O. BOX 2636
(Address)

SAN ANTONIO, TX 78299-2636
(City/State and Zip code)

For further information concerning this matter, please call:

KATHRYN C. SHARP at (210) 302-6000
(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

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

MEDITRUST HEALTHCARE CORPORATION

(Name of Corporation)

DELAWARE

(Incorporated Under Laws Of)

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:

909 HIDDEN RIDGE, STE 600

(Mailing Address)

IRVING, TX 75038

(City/State/Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.



Signature of the chairman or vice chairman of the board,
president, or any officer, or if the corporation is in the hands of a
receiver, trustee, or other court-appointed fiduciary, by that fiduciary.

VICE PRESIDENT

Title

DAVID P. BRADTKE

Typed or printed name

Date

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