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CT CORPORATION

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CORPORATION(S) NAME		
1) HMA Santa Rosa Medical	l Center, Inc.	
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		1000
	-	400005598254E
N-		-05/22/0201042024 *****43.75 *****43.75

() Profit () Nonprofit	() Amendment	() Merger
() Foreign	(x) Dissolution/Withdrawal	() Mark
() T : 1 1 1 7	() Reinstatement	
() Limited Partnership	() Annual Report	() Other
()LLC	() Name Registration () Fictitious Name	() Change of RA
(x) Certified Copy	() Photocopies	() UCC () CUS
() C-11 W/ D1	() C 11 CD 11	
() Call When Ready (x) Walk In	() Call If Problem	() After 4:30 TSA 7
() Mail Out	() Will Wait	(x) Pick Up
Name Availability	5/22/02	Order#: 5327936⊖ ₹
Document Examiner		
	File First	Ref#:
Updater	rue rusi	
Verifier W.P. Verifier		Amount: \$

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 C. Coullistie MAY 2 2 2002

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

HMA SANTA ROSA MEDICAL CENTER, INC.		
(Name of	(Corporation)	
California		
(Incorporated	ed Under Laws Of)	
This corporation is no longer transacting busin and hereby voluntarily surrenders its authority to	ness or conducting affairs within the State of Florida to transact business or conduct affairs in Florida.	
behalf and appoints the Department of State as	registered agent in Florida to accept service on its its agent for service of process based on a cause of to transact business or conduct affairs in Florida.	
The following is a current mailing address for t	the corporation:	
5811 Pelican Bay Blvd. #500		
(Mailir	ng Address)	. <u>114 (195 s. </u>
Naples, FL 34108-2710 (City/	/ State /Zip)	with Shi w
The corporation agrees to notify the Department address. Signature of the chairman or vice chairman of the bepresident, or any officer, or if the corporation is in treceiver, trustee, or other court-appointed fiduciary,	the hands of a	مسرين ، ب
Typed or printed name	Date	,