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(Requestor's Name)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Accumed Home Health of Georgia, Inc.
(Name of corporation)

DOCUMENT NUMBER: F03000000323

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

Please return all correspondence concerning this matter to the following:

Kara Salmanson Snelson

(Name of Person)

Attorney at Law

(Firm/Company)

P.O. Box 26842

(Address)

Austin, Texas 78755

(City/State and Zip code)

For further information concerning this matter, please call:

Kara Salmanson Snelson

(Name of Person)

at (512) 459-8619

(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 TRANSMIT BUSINESS OR CONDUCT AFFAIRS
IN FLORIDA**

Accumed Home Health of Georgia, Inc.

(Name of Corporation)

Georgia

(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:

1101 Gulf Breeze Parkway, Ste. 357B

(Mailing Address)

Gulf Breeze, FL 32561

(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.

Title

Michael McMaude

Typed or printed name

Date

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