

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

FEB 23 2015

R. WHITE

**DISSOLUTION OR WITHDRAWAL
ARIZANT HEALTHCARE, INC.**

Certificate of Status	0
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15 FEB 20 PM 4:18

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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15 FEB 20 AM 9:55
TALLAHASSEE, FLORIDA

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**TO: Amendment Section
Division of Corporations**

(Name of Corporation)

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip code)

_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

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STREET ADDRESS:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL. 32301

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15 FEB 20 AM 9:55

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

Arizant Healthcare Inc.

(Name of Corporation)

F03000000720

(Document Number of Corporation (if known))

Minnesota

(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:

3M Center, Bldg 224-SN-40

(Mailing Address)

St. Paul, MN 55144

(City/ State /Zip)

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

Sandra G. Anderson

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

2-9-15

(Date)

Sandra G. Anderson

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

FILING FEE \$35