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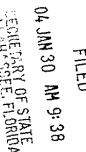
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Hamilton Healthcare, Inc.				
(Name of corporation)				
DOCUMENT NUMBER: F03000003437				
The enclosed withdrawal application and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Deborah A. Hamilton				
(Name of Person)				
Hamilton Healthcare, Inc.				
(Firm/Company)				
P.O. Box 145				
(Address)				
Spruce Pine, AL 35585				
(City/State and Zip code)				
For further information concerning this matter, please call:				
Deborah Hamilton at (256) 331-0500				
(Name of Person) (Area Code & Daytime Telephone Number)				
STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines St. MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327				
Tallahassee, FL. 32399 Tallahassee, FL. 32314				

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

_ Humilton Huulthcare, Inc.	
(Name of Corporation)	
F03000003437	
(Document Number of Corporation (if know	2
State of Alabama (Incorporated Under Laws of)	<u></u>
	
This corporation is no longer transacting business or conducting affairs voluntarily surrenders its authority to transact business or conduct affairs	
voluntarity sufferiders its audiotity to transact business of conduct arrains	in Florida.
This corporation revokes the authority of its registered agent in Florida	a to accept service on its behalf and
appoints the Department of State as its agent for service of process base	d on a cause of action arising during
the time it was authorized to transact business or conduct affairs in Florid	a.
The following is a current mailing address for the corporation:	200
The following is a current manning address for the corporation.	
P.O. Box 145 (Mailing Address)	FILED O4 JAN 30 AM 9: 38 ECRETARY OF STATE ANIASSEE, FLORIC
(Mailing Address)	FILED ANSSEE
	mg 🕏 🖸
Spruce Pine, AL 35585	9:
(City/ State /Zip)	
	P
The corporation agrees to notify the Department of State in the future of a	ny change in its mailing address.
(A)	1/2//2/
(Signature of a director, president or other officer - if in the hands of a	1/26/04
receiver or other court appointed fiduciary, by that fiduciary)	/ (Date)
	- · · · · · · · · · · · · · · · · · · ·
Doborob & Hamilton	esident/ CEO
Deborah A. Hamilton Pre (Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35