F03000005494

(Requestor's Name)	
(Address)	
(Address)	
(1 1441 055)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Dusiness Limity Harrie)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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APPROVEL AND

ACCOUNT NO. : 0	72100000032			
[B[B[B REFERENCE : 0	58049 7416132			
AUTHORIZATION S	Willows.			
COST LIMIT :	35.00			
ORDER DATE : August 16, 2007				
ORDER TIME : 5:09 PM				
ORDER NO. : 058049-085	or the state of t			
CUSTOMER NO: 7416132				
FOREIGN FILINGS				
NAME: ACCORDANT HEALTH SI	ERVICES, INC			
_XX CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY				
XXXX WITHDRAWAL/CANCELLATION				
PLEASE RETURN THE FOLLOWING AS PROOF	F OF FILING:			
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS				
CONTACT PERSON: Debbie Skipper - Ex	KT# 2948			
EXA	AMINER:			

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

ACCORDANT HEALTH SERVICES, INC.
(Name of Corporation)

F03000005494			
(Document Number of Corp	poration (if known)		1-, <u>-</u> ,
Delaware			
(Incorporated Unde	er Laws of)		
This corporation is no longer transacting business or conductor oluntarily surrenders its authority to transact business or co	<u> </u>	and hereb	У
This corporation revokes the authority of its registered appoints the Department of State as its agent for service of pime it was authorized to transact business or conduct affairs	process based on a cause of action arising		
The following is a current mailing address for the corporation	on:		
211 Commerce Street, Suite 800	IALL	O7 A	_
(Mailing Add	ress)		APPR
Nashville, TN 37201	<u> </u>	SEE.	E S
(City/ State /	Zip)	FLORID) }
The corporation agrees to notify the Department of State in	the future of any change in its mailing ad	dress.	
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	August 2, 2007		
Denise Sommer	Asst. Corporate Secr.		
(Typed or printed name of person signing)	(Title of person signing)		**************************************

FILING FEE \$35