

FO3000005912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

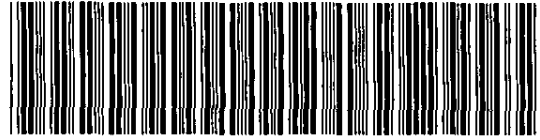
(Business Entity Name)

(Document Number)

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FILED  
2015 FEB - 2 AM 11: 20  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

AJR  
2/13/15

ACCOUNT NO. : I20000000195

REFERENCE : 480469 109186B

AUTHORIZATION

COST LIMIT : \$ 35.00

*[Handwritten Signature]*

ORDER DATE : January 28, 2015

ORDER TIME : 2:26 PM

ORDER NO. : 480469-210

CUSTOMER NO: 109186B

FOREIGN FILINGS

\*\*FILE FIRST\*\*

NAME: COMMUNITY HEALTH SYSTEMS  
PROFESSIONAL SERVICES  
CORPORATION

XX CORPORATE

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: TROY TODD EXT. 62940

EXAMINER: \_\_\_\_\_

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

Community Health Systems Professional Services Corporation

(Name of Corporation)

F03000005912

(Document Number of Corporation (if known))

Delaware

(Incorporated Under Laws of)

FILED  
2015 FEB -2 AM 11 20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:


4000 Meridian Blvd.

(Mailing Address)

Franklin, TN 37067

(City/ State /Zip)

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



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

1-26-15

(Date)

Rachel A. Seifert

(Typed or printed name of person signing)

Executive VP and Secretary

(Title of person signing)

**FILING FEE \$35**