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Withdr.

C. Goulline APR 0 3 2007



ACCOUNT NO. : 07210000032

REFERENCE

4304959

AUTHORIZATION C

COST LIMIT

ORDER DATE: April 2, 2007

ORDER TIME: 10:38 AM

ORDER NO. : 831411-010

CUSTOMER NO:

4304959

## FOREIGN FILINGS

NAME:

HARBORSIDE HEALTH I

CORPORATION

CORPORATE

XXXX WITHDRAWAL/CANCELLATION - FILE SECOND

\*\*PLEASE NOTE, THE CLIENT IS WANTING TO REINSTATE THIS ENTITY AND THEN OFFICIALLY WITHDRAW IT. THE REINSTATEMENT FORM IS ATTACHED.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Joyce Markley - EXT# 2930

EXAMINER:

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

	alth I Corporation			
(Name of	Corporation)			
Delay (Incorporated	ware d Under Laws Of)		<del></del>	
This corporation is no longer transacting busine and hereby voluntarily surrenders its authority to				
This corporation revokes the authority of its rebehalf and appoints the Department of State as action arising during the time it was authorized	its agent for service	of process based	on a cause of	
The following is a current mailing address for the	ne corporation:		07 SEC TALL	
c/o Harborside Healthcare Corporation, One	Beacon Street, Suit	te 1100	APR -3 CRETARY AHASSEI	
	g Address)		-3 \$35 \$35	777
Boston, MA 02108			PH 3: OF STA	ES :
(City/ S	State /Zip)		35 35	·,
The corporation agrees to notify the Department address.	t of State in the futi	are of any change	in its mailing	
Million A Atshar Signature of the chairman or vice chairman of the box	ard.	Treasurer Title		
president, or any officer, or if the corporation is in the receiver, trustee, or other court-appointed fiduciary, to	e hands of a by that fiduciary.	2/.1		
William H. Stephan Typed or printed name		3/23/0.	<u>7</u>	
1 yped or printed name		Date		