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DIVISION OF CORPORATIONS
10 SEP 13 PM 4:04

Withdr.
C.COULLIETTE

SEP 14 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Patient Care Systems INC
(Name of Corporation)

DOCUMENT NUMBER: JO3774

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this
matter to the following:

Susan Lannan
(Name of Person)

RecoverCare LLC
(Firm/Company)

1920 Stanley Gault Pky STE 100
(Address)

Louisville KY 40223
(City/State and Zip code)

For further information concerning this matter, please call:

Susan Lannan at (502) 489-9449 EXT 1268
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Patient Care Systems, Inc.
(Name of Corporation)

FO5000002148

(Document Number of Corporation (if known))

Texas

(Incorporated Under Laws of)

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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:

1920 Stanley Gault Pky STE 100
(Mailing Address)

Louisville KY 40223
(City/ State /Zip)

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

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

9/9/10
(Date)

Susan Lannan
(Typed or printed name of person signing)

Compliance Officer
(Title of person signing)

FILING FEE \$35