

706000006623

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H070001565113)))



H070001565113ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 205-0380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 JUN 13 PM 2:47

FILED

DISSOLUTION OR WITHDRAWAL

EVERCARE HOSPICE OF COLLIER COUNTY, INC.

RECEIVED

07 JUN 13 AM 8:00

DIVISION OF CORPORATIONS

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

FFW
6-13-07

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

Evercare Hospice of Collier County, Inc.

(Name of Corporation)

F06000006623

(Document Number of Corporation (if known))

Delaware

(Incorporated Under Laws of)

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:

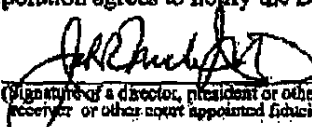
UnitedHealth Group Center, 9900 Bren Road East

(Mailing Address)

Minnetonka, MN 55343

(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
secretary or other agent appointed fiduciary, by that fiduciary)

June 7, 2007

(Date)

John R. Mach, Jr., MD

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35

FILED

77 JUN 13 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA