

**Florida Department of State
Division of Corporations
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.

(((H12000252618 3)))



H120002526183ABC

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) 617-6380

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

RECEIVED
12 OCT 18 AM 8:05
DIVISION OF CORPORATIONS
FLORIDA

**DISSOLUTION OR WITHDRAWAL
ODYSSEY HEALTHCARE OF NORTHWEST FLORIDA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 OCT 18 AM 10:22

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA****ODYSSEY HEALTHCARE OF NORTHWEST FLORIDA, INC.**

(Name of Corporation)

F06000006650

(Document Number of Corporation (if known))

DELAWARE

(Incorporated Under Laws of)

FILED STATE
SECRETARY OF CORPORATIONS
12 OCT 18 AM 10:22
DIVISION OF CORPORATIONS

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:

3350 RIVERWOOD PARKWAY, SUITE 1400

(Mailing Address)

ATLANTA, GA 30339

(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)

(Date)

JOHN N. CAMPERLENGO

(Typed or printed name of person signing)

SNR VP, GEN CSL & SECY.

(Title of person signing)

FILING FEE \$35