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SECTION OF STATE

TALLAHASSEE, FLORIDA

& J. How

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Virginia Mason Medical Center (Name of Corporation)				
DOCUMENT NUMBER: F07000001356				
The enclosed withdrawal application and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
MaryAnne Olmstead				
(Name of Person)				
Virginia Mason Medical Center				
(Firm/Company)				
1100 Ninth Avenue, MS M6-AC				
(Address)				
Seattle, WA 98101 (City/State and Zip code)				
For further information concerning this matter, please call:				
MaryAnne Olmstead at (206) 625-7371				
(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

5 1 1 %

	Virginia Mason Medical C	lenter Corporati	. 00
		(Name of Corporation)	
_	F07000001356		
	(Document	t Number of Corporation (i	f known)
	Washington		
	(In	ncorporated Under Laws of	
voluntarily	surrenders its authority to transac	t business or conduct af	fairs within the State of Florida and hereby fairs in Florida. Florida to accept service on its behalf and
• •	e Department of State as its agent authorized to transact business or	-	ased on a cause of action arising during the da.
The following	ing is a current mailing address fo	r the corporation:	TO API
	1100 Ninth Avenue	(Mailing Address)	F 15
	Seattle, WA 98101		FILED 10 APR +5 PH 2: 3 EURIANASSEE, FLORID
		(City/ State /Zip)	34 9A
The corpora	ation agrees to notify the Departm	ent of State in the futur	e of any change in its mailing address.
(Sigr rece	nature of a director president or other officer court appointed fiduciary, by the	if in the hands of a nat fiduciary)	March 31, 2010 (Date)
<u>M</u>	aryAnne Olmstead (Typed or printed name of person signing)	Director of Finance/Accounting (Title of person signing)

FILING FEE \$35