# Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: {850}617-6380

From:

ACCOUNT Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

DISSOLUTION OR WITHDRAWAL JOERNS HEALTHCARE INC.

Certificate of Status	Ū
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Corporate Filing Menu

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11/3/10

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11/2/2010

#### **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: JOERNS HEALTHCARE INC.
(Name of Corporation)
DOCUMENT NUMBER: F07000001469
The enclosed withdrawal application and fee are submitted for filling.
Please return all correspondence concerning this matter to the following:
DEBBIE DIEKELMAN
(Name of Person)
JOERNS HEALTHCARE INC
(Firm/Company)
5001 JOERNS DRIVE
(Address)
STEVENS POINT, WI 54481
(City/State and Zip code)
For further information concerning this matter, please call:
DEBBIE DIEKELMAN at (715 ) 342-7112
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

### FILED

#### 2010 NOV -2 AM 10: 03

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAW ALOF VALUE AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS AN SECONDUCT

Johrns Healthcare inc,
(Name of Corporation)
F07000001469
(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:
5001 JOERNS DRIVE
(Mailing Address)
STEVENS POINT, Wf 54481 (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 offlow - If in the hands of a (Date) receiver or other court appointed fiduciary, by that fiduciary)
DEBBIE DIEKELMAN CFO (Typed or printed parts of person signing) (Title of person signing)
(Typed or primed name of person signing) (Title of person signing)

FILING FEE \$35