

F07000002134

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.

(((H12000252616 3)))



H120002526163ABCZ

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 OCT 18 PM 2:51

**DISSOLUTION OR WITHDRAWAL
ODYSSEY HEALTHCARE OF HILLSBOROUGH COUNTY, INC.**

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

RECEIVED

12 OCT 18 AM 8:05

DIVISION OF CORPORATIONS
HILLSBOROUGH COUNTY, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 19 2012

T. BROWN

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

(Name of Corporation)

F07000002134

(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:

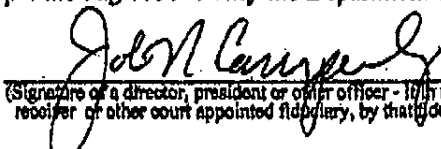
3350 RIVERWOOD PARKWAY, SUITE 1400

(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 - 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
12 OCT 18 PM 2:51