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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: DAIRY ROA	AD HEALTH CARE PROPERTIES INC.
DOCUMENT NUMBER:	(Name of Corporation) 9 7 0 0 0002 3 1 3
The enclosed withdrawal application an	nd fee are submitted for filing.
Please return all correspondence concerni	
TAMARA L.	(Name of Person)
	(Name of Person)
Aoven	THEALTH
0 11	(Firm/Company)
Aoven 900 Hope	. WAY
17-11-	(Address)
ALTAMONTE.	SPRINGS, FL 327 FH & (City/State and Zip code)
	(City/State and Zip code)
For further information concerning this m	natter, please call:
1. L. TRIMBLE	at (407) 357-2304 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the amount:	
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

DAIRY ROAD HEALTH CARE PROPERTIES, INC.

H0700002313
(Document Number of Corporation (if known)
CECREIA APRIL 30, 2007
(Incorporated Under Lawr of and date authorized to transact business/conduct its affairs)
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:
900 HOPE WAY (Mailing Address)
ALTAMONTE Springs FL 32714 8
(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)
CTyped or printed name of person signing) 4 SSISTORT SECRETARY (Title of person signing)

FILING FEE \$35