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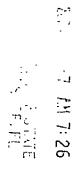
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

Division o	nt Section f Corporations				
SUBJECT:	SOUTH A	ASCO	HEALTHCA	RE PROPERTI	U, INC
		(Na	me of Corporation)		
DOCUMENT NU	JMBER:	070000	002321		
The enclosed with	drawal applicati	on and fee a	re submitted for fili	ng.	
Please return all co			matter to the follow	ving:	
	TAMARA	L. IR	IMBLE mne of Person)		:
	•	(No	ime of Person)	-	
	900 Ho	ENTITE	ALTH		<u>.</u>
-		(Fi	rm/Company)	· ·	
	900 Ho	PO 10	24	• •	
	100 110	10 10	(Address)		7:26
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_AL	TAMONTE	>PF	tate and Zip code)	- 3211	
		(City/S	tate and Zip code)		
For further inform	ation concerning	his matter in	lease call:		
T. L. TRI	_	····· ,	407 :	357-7305	4
	ime of Person)		at (357-2309 & Daytime Teleph	one Number)
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Enclosed is a chec	k for the amount:				
535 Filing Fee	\$43.75 Filing Certificate of	Status Co		Certificate of S Copy (Addition	
P.O. Box 6	nt Section f Corporations		Street Address: Amendment Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810	

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

SOUTH PASCO HEALTH CARE PROPERTIES, INC.	
F07000002321	
(Document Number of Corporation (if known)	
(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)	
(Incorporated Under Laws 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 here voluntarily surrenders its authority to transact business or conduct affairs in Florida. $\frac{\partial^2}{\partial z^2}$	by
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf a appoints the Department of State as its agent for service of process based on a cause of action arising during 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 THE 2	
ALTAMONTE SPRINGS, FL 32714 (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)	
(Typed or printed name of person signing) ASSISTANT SECRETAR (Title of person signing)	24