

FO7000002326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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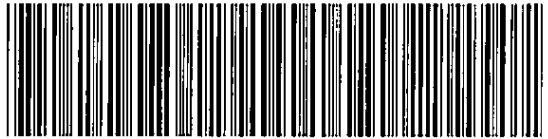
(Business Entity Name)

(Document Number)

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AUG 12 2024
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3.5 LWT
08/07/24

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: APOKA HEALTH CARE PROPERTIES, INC.
(Name of Corporation)

DOCUMENT NUMBER: F07000002326

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TAMARA L. TRIMBLE
(Name of Person)

ADVENTHEALTH
(Firm/Company)

900 HOPE WAY
(Address)

ALTAMONTE SPRINGS, FL 32714
(City/State and Zip code)

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL
JUN 21 1994
7 PM 2:53

For further information concerning this matter, please call:

T. L. TRIMBLE at (407) 357-2304
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- ☒ \$35 Filing Fee ☒ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

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

APOLKA HEALTH CARE PROPERTIES, INC.

(Name of Corporation)

F07000002326

(Document Number of Corporation (if known))

GEORGIA F07000002326

(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 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

(City/ State /Zip)

2024-07-29 PM 12:53
STATE OF FLORIDA
DEPARTMENT OF STATE

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)

LYNN ADDISCOTT

(Typed or printed name of person signing)

7/29/2024
(Date)

ASSISTANT SECRETARY
(Title of person signing)

FILING FEE \$35