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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 SEP 20 PM 12:56

Withdrawal
CUS
@ 9/21/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Voyager Home Health, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F08000001263

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

Please return all correspondence concerning this
matter to the following:

Kay Hays

(Name of Person)

Graves, Dougherty, Hearon & Moody, P.C.

(Firm/Company)

401 Congress Avenue, Suite 2200

(Address)

Austin, Texas 78701

(City/State and Zip code)

For further information concerning this matter, please call:

Kay Hays

(Name of Person)

at (512) 480-5772

(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

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

Voyager Home Health, Inc.

(Name of Corporation)

F0800000 1263

(Document Number of Corporation (if known))

Delaware

(Incorporated Under Laws of)

10 SEP 20 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

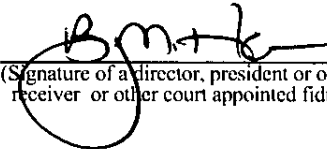
1703 West Fifth Street, Suite 800

(Mailing Address)

Austin, Texas 78703

(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)

Benjamin M. Hanson

(Typed or printed name of person signing)

09-13-10
(Date)

Secretary

(Title of person signing)

FILING FEE \$35