

F1100000 0805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

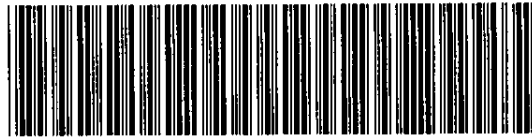
(Business Entity Name)

(Document Number)

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RECEIVED
DEPARTMENT OF STATE
13 JAN 30 PM 1:50
FILED
13 JAN 30 PM 2:32
SECRETARY OF STATE
T. LEMIEUX
AMBASSADOR

JAN 30 2013
T. LEMIEUX

(Handwritten signature)



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 515152 5034988

AUTHORIZATION :

Spencer

COST LIMIT : \$ 35.00

ORDER DATE : January 30, 2013

ORDER TIME : 10:56 AM

ORDER NO. : 515152-005

CUSTOMER NO: 5034988

FOREIGN FILINGS

NAME: LOVELACE HEALTH SYSTEM, INC.

- CORPORATE
- LIMITED PARTNERSHIP
- LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF STATUS

CONTACT PERSON: Carina L. Dunlap - EXT# 52951

EXAMINER: _____

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

Lovelace Health System, Inc.

(Name of Corporation)

F11000000805

(Document Number of Corporation (if known))

New Mexico

(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:

One Burton Hills Blvd, Suite 250


(Mailing Address)

Nashville, TN 37215

(City/ State /Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

1/28/13
(Date)

Stephen C. Petrovich

(Typed or printed name of person signing)

SVP

(Title of person signing)

FILING FEE \$35