

F110000003888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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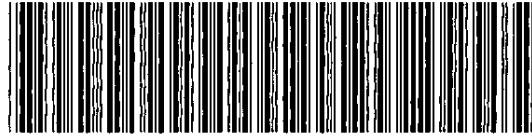
(Business Entity Name)

(Document Number)

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2017 MAY 11 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 12 2017  
C McNAIR

*\*PLEASE FILE FIRST\**

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
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ACCOUNT NO. : I20000000195

REFERENCE : 302862 7231367

AUTHORIZATION

*[Signature]*

COST LIMIT : \$ 35.00

ORDER DATE : September 21, 2016

ORDER TIME : 10:13 AM

ORDER NO. : 302862-015

CUSTOMER NO: 7231367

FOREIGN FILINGS

NAME: COMMUNITY CARE HEALTH  
NETWORK, INC.

XX CORPORATE  
       LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF STATUS

CONTACT PERSON: Melissa Zender - EXT#

EXAMINER: \_\_\_\_\_

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

Community Care Health Network, Inc.

(Name of Corporation)

F11000003888

(Document Number of Corporation (if known))

Delaware

(Incorporated Under Laws of)

17 MAY 11 PM 4:47  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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:

9201 E. Mountain View, Ste. #220

(Mailing Address)

Scottsdale, AZ 85258

(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)

John Hopkins

(Typed or printed name of person signing)

(Date)

Secretary

(Title of person signing)

**FILING FEE \$35**