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то:		nent Section of Corporations		
	<u></u>	HS Health Services, Inc.		
SUBJ	ECT:		(Name of Corporation	1)
		MIMPED F1100000399	•	•,
DOCU	JMENT 1	NUMBER: P1100000399		
The er	iclosed w	ithdrawal application and f	ee are submitted for fi	ling.
	return all to the fol	correspondence concerning lowing:	this	
	T. Jay	Warner Varner		
			(Name of Person)	
	c/o Cł	HS Health Services, LLC		
			(Firm/Company)	
	5500	Maryland Way, Suite 200		
			(Address)	
	Brent	wood, TN 37027		
		(C	ity/State and Zip code))
For fu	ther info	mation concerning this matt	er, please call:	
T. Jay	/ Warner		at (615)5	77-7822
Enclos		Name of Person) eck for the amount:		e & Daytime Telephone Number)
₹]\$35	Filing Fe	ee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)	Certificate of Status & Certified
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Tallahassee, FL. 32301

Tallahassee, FL.32314

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

CHS Health Services, Inc.

F11000003996	= = = = = = = = = = = = = = = = = = =
(Document Number of Corpor	ation (if known)
Delaware	
(Incorporated Under I	aws of)
corporation is no longer transacting business or conduct ntarily surrenders its authority to transact business or con-	ing affairs within the State of Florida and h
corporation revokes the authority of its registered ager ints the Department of State as its agent for service of p ime it was authorized to transact business or conduct affa	process based on a cause of action arising d
following is a current mailing address for the corporation	:
5500 Brentwood Way, Suite 200	
(Mailing Addres	s)
(Mailing Address Brentwood, TN 37027	s)
, •	
Brentwood, TN 37027	(i)
Brentwood, TN 37027 (City/ State /Zip) corporation agrees to notify the Department of State in the Signature of a director, president or other officer - if in the hands of a	e future of any change in its mailing address

FILING FEE \$35