

F 14 00000 1619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

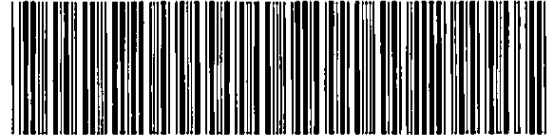
(Business Entity Name)

(Document Number)

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2022 JUL 20 AM 11:40

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2022 JUL 20 PM 12:55

ALLAHASSEE, ALA

7/21/2022

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

ACCOUNT NO. : I20000000195

REFERENCE : 822128 8292199

AUTHORIZATION :

COST LIMIT : \$52.50



ORDER DATE : July 19, 2022

ORDER TIME : 9:21 AM

ORDER NO. : 822128-005

CUSTOMER NO: 8292199

FOREIGN FILINGS

NAME: SPRINGHEALTH INTEGRATED CARE,  
INC.

XX CORPORATE  
       LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
XX CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

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

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SpringHealth Integrated Care, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** F14000001619

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

Please return all correspondence concerning this matter to the following:

Melanie Martin  
(Name of Person)  
Res-Care, Inc. dba BrightSpring Health Services  
(Firm/Company)  
805 N. Whittington Parkway  
(Address)  
Louisville, KY 40222  
(City/State and Zip code)

For further information concerning this matter, please call:

Melanie Martin at ( 502 ) 630-7494  
(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**

SpringHealth Integrated Care, Inc.

(Name of Corporation)

F14000001619

(Document Number of Corporation (if known))

Delaware 04/11/2014

(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:

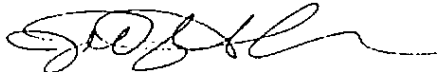
805 N. Whittington Parkway, Suite 400

(Mailing Address)

Louisville, KY 40222

(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)

07/19/2022

(Date)

John Mudgett

(Typed or printed name of person signing)

President

(Title of person signing)

**FILING FEE \$35**