

2/9/2016 2:06:34 PM From: To: 8506176380( 1/3 )

Division of Corporations

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Division of Corporations  
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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850) 205-8842

Fax Number : (850) 878-5368

**DISSOLUTION OR WITHDRAWAL  
INTEGRACARE HOLDINGS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** IntegraCare Holdings, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** F14000002880

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

Please return all correspondence concerning this matter to the following:

Jenny Linet Kindred Healthcare, Inc.

(Name of Person)

IntegraCare Holdings, Inc.

(Firm/Company)

680 South Fourth Street

(Address)

Louisville, KY 40202

(City/State and Zip code)

For further information concerning this matter, please call:

Jenny Linet

at ( 502 ) 596-7044

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee,  
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**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

(Name of Corporation)

(Document Number of Corporation (if known))

(Incorporated Under Laws of)

(Mailing Address)

(City/ State /Zip)

{Date}

(Typed or printed name of person signing)

(Title of person signing)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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