24 PM From: on of Corporations

8506176380( 1/3

Florida Department of State

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## DISSOLUTION OR WITHDRAWAL INTEGRACARE HOLDINGS, INC.

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations		
SUBJ	ECT: IntegraCare Holdings, Inc.		
		(Name of Corporati	on)
DOC	UMENT NUMBER: F14000002880		
The er	nclosed withdrawal application and	fee are submitted for	filing.
	return all correspondence concerning to the following:	y this	•
	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 cod	e)
For fu	ther information concerning this mat	tter, please call:	
Jenny l	inct	at ( )	596-7044
Enclos	(Name of Person) sed is a check for the amount:		ode & Daytime Telephone Number)
<b>∑</b> ] \$35	Filing Fee \$\int \$43.75 \text{ Filing Fee & Certificate of Status}	\$43.75 Filing Fee Certified Copy (Additional copy i Enclosed)	& \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tullahassee, FL.32314		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, Fl., 32301

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

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

	(Name of Corporation)		
	F14000002880		
	(Document Number of Corporation	(if known)	
	Delaware (Incorporated Under Laws	of)	
	, <b>,</b>		
This cor	rporation is no longer transacting business or conducting rily surrenders its authority to transact business or conducting	affairs within the State of Florida and he affairs in Florida.	ereby
appoints	rporation revokes the authority of its registered agent in s the Department of State as its agent for service of proce it was authorized to transact business or conduct affairs i	ess based on a cause of action arising d	f and uring
The foll	owing is a current mailing address for the corporation:		
	680 South Fourth Street		
	(Mailing Address)		
	Louisville, KY 40202	SECRI ALLA	16 FE
	(City/ State /Zip)	22	CO !!
			9
The con	poration agrees to notify the Department of State in the fu	ture of any change in its mailing addiress	로 빈
		2/9/16 ORIDA	ဒ္. <mark>-</mark> 2
Ĩ	(Signature of delirector, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)	
	Joseph Landenwich	Secretary	
•	(Typed or printed name of person signing)	(Title of person signing)	_
	FILING FEE S35		