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TO: Amendment Section Division of Corporations	
Contro Hospital Corne	ration
SUBJECT: Certife Hospital Corpor	
DOCUMENT NUMBER: F17000004452	
The enclosed withdrawal application and fee are submit	ted for filing.
Please return all correspondence concerning this matter to the following:	
Melissa Chavarri, Esq.	
(Name of Pe	erson)
Di Pietro Partners, LLP	
(Firm/Com	pany)
901 East Las Olas Blvd.,	Suite 202
(Addres	8)
Fort Lauderdale, FL 3330	1
(City/State and	Zip code)
For further information concerning this matter, please call	:
Melissa Chavarri, Esq. at (95	4 ,712-3070
	Area Code & Daytime Telephone Number)
▼ \$35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee (Additional Enclosed)	opy Certificate of Status & Certified Copy is 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 2661 Executive Center Circle Tallahassee, FL, 32301

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

AUTHORITY TO TRANSACT BUSINESS OR CON	DUCT AFFAIRS IN FLORIDA
Centre Hospital Corporation	
(Name of Corporation)	
F17000004452	
(Document Number of Corporation (if l	known)
Alabama	
(Incorporated Under Laws of)	
This corporation is no longer transacting business or conducting affa voluntarily surrenders its authority to transact business or conduct aff	
This corporation revokes the authority of its registered agent in Floappoints the Department of State as its agent for service of process the time it was authorized to transact business or conduct affairs in Fl	based on a cause of action arising during
8411 West Oakland Park Blv	d, Ste. 302
(Mailing Address)	¥ ()
Sunrise, FL 33351	8: 08
(City/ State /Zip)	·
The corporation agrees to notify the Department of State in the future (Signature of a director, president or other other - if in the hands of a	of any change in its mailing address.
receiver or other court appointed fiduciary, by that fiduciary)	Drooidont
Aaron Durall (Typed or printed name of person signing)	President (Title of person signing)