THANKS!

Electronic Filing Cover Sheet

THANKS!

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000273275 3)))



H240002732753ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

## DISSOLUTION OR WITHDRAWAL

## FILE FIRST, BEFORE HUNTSWORTH HEALTH CORPORATION

H24000273279 3.

THANKS!

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$43.75

FILE FIRST, BEFORE H240002732793.

THANKS!

# []] []

Electronic Filing Menu

Corporate Filing Menu

Help

H24000273275 3

## **COVER LETTER**

TO:	Amendment Section Division of Corporations		
SUBJ	ECT: Huntsworth Health Corporation	on	
	-	(Name of Corporation)	
DOC	UMENT NUMBER: F23000003031	<u>.</u>	-
The e	(Name of Corporation)  OCUMENT NUMBER: F23000003031  the enclosed withdrawal application and fee are submitted for filing.  lease return all correspondence concerning this matter to the following:  (Name of Person)  Capitol Services - Corporate Filings Team  (Firm/Company)  515 East Park Avenue 2nd Fl  (Address)  Tallahassee, FL 32301  (City/State and Zip code)  or further information concerning this matter, please call:  at (855) 498 - 5500		
Please	e return all correspondence concerning t	his matter to the following:	
		(Name of Person)	1 20
	Capitol Services - Corporate Filin	gs Team	filing.    100   1
		(Firm/Company)	<b>-</b> . ;
	515 East Park Avenue 2nd Fl		
		(Address)	<u> </u>
	Tallahassee El 32301		5.5
		v/State and Zip code)	- G
		• ,	
For fu	rther information concerning this matter	r, please call:	
		at ( 855 ) 498 - 5500	
	(Name of Person)	(Area Code & Daytime Telephone Numb	er)
Enclos	sed is a check for the amount:		
<b>∑</b> \$3:	5 Filing Fee \$\(\bigcup\) \$43.75 Filing Fee & \(\bigcup\) Certificate of Status		
	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	

H24000273275 3

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

Huntsworth Health Corporation	
(Name of Corporation)	
F23000003031	
(Document Number of Corporation (if known)	
Pennsylvania	
(Incorporated Under Laws of and date authorized to transact business/	conduct its affairs)
is corporation is no longer transacting business or conducting affairs with untarily surrenders its authority to transact business or conduct affairs in l	
is corporation revokes the authority of its registered agent in Florida to points the Department of State as its agent for service of process based on the it was authorized to transact business or conduct affairs in Florida.	
e it was authorized to transact business of conduct arrairs in Florida.	5 ) 
e following is a current mailing address for the corporation:	:t⊏
900 Township Line Bood Suite 200	
800 Township Line Road, Suite 300 (Mailing Address)	<u></u>
( · · · · · · · · · · · · · · · · · · ·	35
Yardley, PA 19067	
(City/ State /Zip)	
corporation agrees to notify the Department of State in the future of any	change in its mailing address.
corporation agrees to notify the Department of State in the future of any	change in its mailing address.
Milina Mocarelle 08/13/	•
	•
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	2024

FILING FEE \$35