## L-Me Document Services

## F9300002335

## ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER:	FCA000000005	ARE COLOR
	2007936	The state of the s
(SUB ACCT.)		
DATE 12-6	<u> </u>	s00002378936 <u>'</u>
REQUESTER NAME: LE	EXIS DOCUMENT SERVIC	PES .
ADDRESS: P.O. BOX 29 SPRINGFIEL	69 .D, ILLINOIS 62708	
CONTACT NAME: CYN	THIA WOODYARD (904)	877-7296
CORPORATION NAME:	Vendell Healt	hcare, Inc.
AUTHORIZATION:	C. Woodyard	. f a A A
CERTIFIED COPY (1 CERTIFICATE OF STAMPED CO	TATUS (1-9)	Wethdr.
( ) CALL WHEN READY (★) WALK IN ( ) MAIL OUT (IF APPL	( ) CALL IF PROBLEM ( ) WILL WAIT ICABLE)	( ) PICK-UP
		<b>VS</b> DEC 2 3 1997

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

Vendell Healthcare, Inc.	45 Pr.
(Name of Corporation)	S. Co.
Delaware	
(Incorporated Under Laws Of)	10 m
This corporation is no longer transacting business or conducting for and hereby voluntarily surrenders its authority to transating Florida.	ng affairs within the State of ct business or conduct affairs
This corporation revokes the authority of its registered agent in behalf and appoints the Department of State as its agent for se cause of action arising during the time it was authorized to tran fairs in Florida.	MICE DI DIUCESS DASCU UN A
The following is a current mailing address to which the Departmany process against this corporation that may be served on the	nent of State may mail a copy of e Department.
(Mailing Address)	
Nashville, TN 37203-1070	
(City - State - Zip)	
The corporation agrees to notify the Department of State in the ing address.	e future of any change in its mail  November , 1997
x Nelly M	Date Date
Signature	Dato
H. Neil Campbell	<u> </u>
Typed or printed name	
Liquidating Agent	
Title	