## F43000005473

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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19 DEED-BECKES TO THE ST

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195							
REFERENCE : 062170 7775081							
AUTHORIZATION : Spelle le man							
COST LIMIT : \$35.00							
ORDER DATE : November 25, 2019							
ORDER TIME : 3:20 PM							
ORDER NO. : 062170-165							
CUSTOMER NO: 7775081							
FOREIGN FILINGS							
NAME: MERIDIAN HEALTH, INC.							
XX CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY							
XXXX WITHDRAWAL/CANCELLATION							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF STATUS							

EXAMINER:

CONTACT PERSON: Kadesha Roberson - EXT#

## **COVER LETTER**

	mendment Section Division of Corporations		
SUBJEC	T: Meridian Health, Inc.		
,		(Name of Corporation	n)
DOCUN	IENT NUMBER: F930000052	223	
The encl	osed withdrawal application and	fee are submitted for f	iling.
	turn all correspondence concerning the following:	g this	
	Susan Nguyen		
	Welltower Inc.	(Name of Person)	
		(Firm/Company)	
	4500 Dorr Street		
	-	(Address)	
	Toledo, Ohio 43615		
	(0	City/State and Zip code	)
For furth	er information concerning this mat	ter, please call:	
Susan Nguyen 419		at (	247-5668
Enclosed	(Name of Person) is a check for the amount:	(Area Coo	le & Daytime Telephone Number)
\$35 Fi	iling Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)	Certificate of Status & Certified
	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

	(Name of Corpora	tion)			
F93000005223			्र म्यः	201	
<del></del>	(Document Number of Corpora	ation (if known)	;=	S DEC	4
Pennsylvania				£ -3	•
	(Incorporated Under I	Laws of)	<del>- :</del>	===	•
			•	ය. ස	
This corporation is no longer tran voluntarily surrenders its authority	<del>-</del>	_	ate of Fi	or <del>id</del> a an	d hereby
This corporation revokes the authappoints the Department of State the time it was authorized to trans	as its agent for service of p	process based on a caus-			
The following is a current mailing	address for the corporation	:			
4500 Dorr Street					
	(Mailing Addres	s)			
Toledo, Ohio 43615					
	(City/ State /Zip	)		_	
The corporation agrees to notify the	Bepartment of State in the	e future of any change in	n its mail	ing add	ress.
D477A	A1208E8C495				
(Signature of a director, president or receiver or other court appointed	r other officer - if in the hands of a tiduciary, by that tiduciary)		1.18.2019 Date)		
Matthew M		Senior Vice Pres and Corpo			
(Typed or printed name of	person signing)	(Title o	nerson sier	ningl	<del></del>