

F9400000104K

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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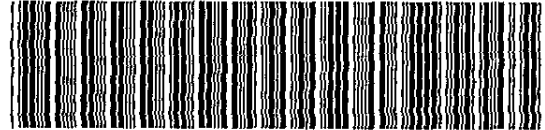
(Business Entity Name)

(Document Number)

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State: Florida

Date: April 13, 2006

To: Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

From: April Brady

Re: First Health Services of Tennessee, Inc.

Enclosed herewith please find the necessary documents to withdrawal the above corporation from your state, together with our check in the amount of \$35.00 to cover the cost of filing.

Please file upon receipt, returning a stamp filed copy of the document in the self addressed envelope.

Should you need further information please do not hesitate to contact me at (800) 848-0489, ext. 5444.

Thank you for your assistance in this matter.

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

First Health Services of Tennessee, Inc.
(Name of Corporation)

F94000001046
(Document Number of Corporation (if known))

Tennessee
(Incorporated Under Laws of)

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This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

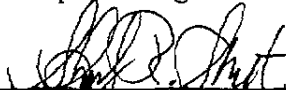
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

c/o Coventry Health Care, Inc., 6705 Rockledge Drive
(Mailing Address)

Bethesda, MD 20817
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.


(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

April 10th, 2006
(Date)

Shirley R. Smith
(Typed or printed name of person signing)

Secretary
(Title of person signing)

FILING FEE \$35