



THE UNITED STATES
CORPORATION
COMPANY

F94000003927

ACCOUNT NO. : 072100000032

REFERENCE : 168316

4334907

AUTHORIZATION : *Patricia Pizant*

COST LIMIT : \$ 35.00

ORDER DATE : March 15, 1999

ORDER TIME : 11:52 AM

ORDER NO. : 168316-005

CUSTOMER NO: 4334907

CUSTOMER: Ms. Melinda Lampkin
Columbia/hca Healthcare
P.O. Box 550
One Park Plaza
Nashville, TN 37202

900002806489--8

FOREIGN FILINGS

NAME: COMMUNITY CARE NETWORK, INC.

XX PROFIT
 NON-PROFIT

XX CORPORATE
 LIMITED PARTNERSHIP

FILED
99 MAR 15 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar

RECEIVED
99 MAR 15 PM 12:52
DIVISION OF CORPORATION

See 3/15

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

Community Care Network, Inc.
(Name of Corporation)

California
(Incorporated Under Laws Of)

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 services on its behalf and appoints the Department of State as its agent for services 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 to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

One Park Plaza
(Mailing Address)

Nashville, TN 37203
(City/State/Zip)

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

Signature

Date

John M. Franck II
Typed or Printed name

Vice President and Secretary
Title

99 MAR 15 PM 4:15
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA