F9500000135

(Req	uestor's N	ame)		
(Add	ress)			_
]		
(Add	ress)			_
(City)	/State/Zip	/Phone #)		
	·			
PICK-UP	□ w	AIT	MAIL	
/Pue	inges Ent	ity Name)		_
(505)	iiiess ciii	ny mairie)		
				
(Doc	ument N	imber)		
Certified Copies	Centi	ificates of	Status	_
Special Instructions to F	iling Offic	er:		
,				
	J. J	HORNE 27 2022		
	DEC	·OKME		l
	יבנן	2 7 2022		١
		-		
	Office	lan Only		
	Unice	lse Only		



200399345572

2022 DEC 22 PM 12: 27
SECRETARY 1: 17
JACL 483-555 E. 17

(I: :D

2022 DEC 22 PH 3: 30

CORPORATION S 1201 Hays Str Tallahassee, Phone: 850-55	FL 32301				
	ACCOUNT NO. : I2000000195				
	REFERENCE : 270327 4358473				
	AUTHORIZATION :				
	COST LIMIT : \$ 35.00				
ORDER DATE :	December 21, 2022				
ORDER TIME :	1:51 PM				
ORDER NO. :	270327-005				
CUSTOMER NO:	4358473				
FOREIGN FILINGS					
NAME:	GENESIS ELDERCARE PHYSICIANS SERVICES, 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					
CONTACT PERSON: Eyliena Baker - EXT#					

EXAMINER:

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

Genesis Eld	lerCare Physician Services, Inc.	2022 SEC FALL	
	(Name of Corporation	n) HE EC	Ū
F95000000	735	22 P	
	(Document Number of Corporation	on (if known)	フ
Pennsylvan	ia - 2/1 <mark>4</mark> /1995	27	
(Inec	orporated Under Laws of and date authorized to tran	sact business/conduct its affairs)	
This corporation re appoints the Depart time it was authoriz		in Florida to accept service on its behalf an ss based on a cause of action arising during the	
101 E. State			
	(Mailing Address)		
Kennett Squ	iare PA 19348		
	(City/ State /Zip)		
M	ees to notify the Department of State in the fi	12/21/2022	
(Signature of a d receiver or othe	firector, president or other officer - if in the hands of a proported fiduciary, by that fiduciary)	(Date)	
_	for Genesis Holdings, LLC Manager	Asst Secretary	
(Typed-	or printed name of person signing)	(Title of person signing)	

FILING FEE \$35