F95000000773

(Re	equestor's Name)	
(Ad	ldress)	
·	dress)	
(Cit	ty/State/Zip/Phon	e#)
PICK-UP	☐ WAIT	MAIL
(Ru	siness Entity Na	me)
(Business Entity Name)		
(Document Number)		
(50	oument Number,	•
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		

Office Use Only



000023203720

10/02/03--01047--006 **35.00

FILED

03 OCT -2 AH IO: OI

SECRETARY OF STATE
TALLAHASSI F F STATE

T BROWN OCT - 9 2003

withdrawa!

TRANSMITTAL LETTER

TO: Amendment Section		
Division of Corporations:	·	
SUBJECT: PersonaCare of Bradenton, Inc.		
(Name of c	orporation)	
DOCUMENT NUMBER:		
The enclosed withdrawal application and fee as	re submitted for filing.	
Please return all correspondence concerning this matter to the following:		
Deborah Ulin		
(Name of Person)		
Kindred Healthcare, Inc.		
(Firm/Company)		
680 South Fourth Street (Address)		
Louisville, KY 40202		
(City/State and Zip code)		
For further information concerning this matter, p	lease call:	
Deborah Ulin	at (502) 596-7300	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET ADDRESS:	MAILING ADDRESS:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
409 E. Gaines St.	P.O. Box 6327	
Tallahassee, FL, 32399	Tallahassee, FL. 32314	



September 29, 2003

Florida Department of State Division of Corporations Amendment Section P.O. Box 6327 Tallahassee, Florida 32314

RE: PersonaCare of Bradenton, Inc.

Dear Sir or Madam:

Enclosed please find an Application for Withdrawal and a check for \$35.00.

Please file this application and return evidence to me at your earliest convenience in the enclosed self-addressed stamped envelope.

If you have any questions, please call me at (502) 596-7044. Thank you for your assistance.

Sincetely,

Deborah Ulin Paralegal

dau enclosures

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

PersonaCare of Bradenton, Inc.	THE O
(Name of C	orporation)
Delaware	75.7
(Incorporated	Under Laws Of)
	20
This corporation is no longer transacting busine and hereby voluntarily surrenders its authority to	ss or conducting affairs within the State of Florida transact business or conduct affairs in Florida.
behalf and appoints the Department of State as i	egistered agent in Florida to accept service on it ts agent for service of process based on a cause of transact business or conduct affairs in Florida.
The following is a current mailing address for th	e corporation:
680 South Fourth Street	g Address)
(ivialing	; Address)
Louisville, KY 40202	
(City/ S	tate /Zip)
The corporation agrees to notify the Department address.	of State in the future of any change in its mailing
Signature of the chairman or vice chairman of the box president, or any officer, or if the corporation is in the receiver, trustee, or other court-appointed fiduciary, to	Secretary ard, Title e hands of a by that fiduciary.
Joseph L. Landenwich	September 25, 2003
Typed or printed name	Date