

F 95000000775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

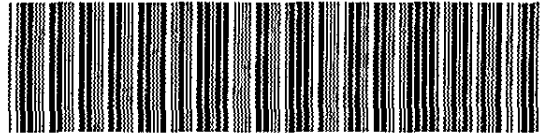
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/09/03--01045--024 **35.00

FILED
03 JUN -9 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

with
file



June 4, 2003

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

RE: PersonaCare Living Center of Clearwater

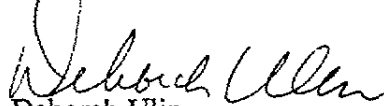
Dear Sir or Madam:

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.

Sincerely,


Deborah Ulin
Paralegal

dau
enclosures

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PersonaCare Living Center of Clearwater, Inc.
(Name of corporation)

DOCUMENT NUMBER: F95000000775

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Deborah Ulin, Attn: Law Dept.
(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, please call:

Deborah Ulin at (502) 596-7300
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL. 32399

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

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

PersonaCare Living Center of Clearwater, Inc.
(Name of Corporation)

Delaware
(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.

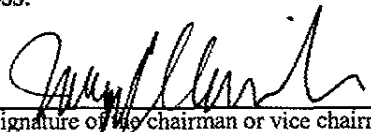
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

680 South Fourth Street
(Mailing Address)

Louisville, KY 40202
(City/ State /Zip)

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



Signature of the chairman or vice chairman of the board, president, or any officer, or if the corporation is in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary. Secretary Title

Joseph L. Landenwich
Typed or printed name
5/29/03
Date

FILED
03 JUN - 9 AM 11:23
TALLAHASSEE, FLORIDA
SECRETARY OF STATE