

F95000003963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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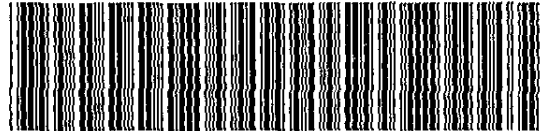
(Business Entity Name)

(Document Number)

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RECEIVED
04 DEC 14 AM 11:21
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04 DEC 14 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FL 32399

Withdr.

G. Gonzalez DEC 14 2004

CT CORPORATION

December 14, 2004

Department of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 6251469 SO
Customer Reference 1: 08249
Customer Reference 2: 0001

Dear Department of State, Florida:

Please obtain the following:

National Mentor HealthCare, Inc. (MA)
Withdrawal
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell
Fulfillment Specialist
Ashley_Mitchell@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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

National Mentor Healthcare, Inc.

(Name of Corporation)

(Document Number of Corporation (if known))

Massachusetts

(Incorporated Under Laws of)

FILED
04 DEC 14 AM 11:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

313 Congress Street, Boston, MA 02210

(Mailing Address)

(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)

October 25, 2004

(Date)

JOHN GILLESPIE

(Typed or printed name of person signing)

VP & CFO

(Title of person signing)

FILING FEE \$35