

F95000004597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

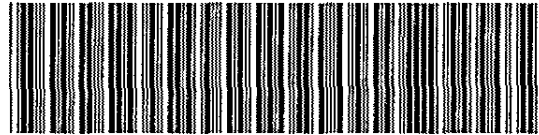
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400108442524

Withdrawal

RECEIVED

07 SEP 10 AM 10:43

THE
OFFICE OF
CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

2007 SEP 10 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ASR
9/10/07



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 0721000000032

REFERENCE : 217492 5048595

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$35.00

ORDER DATE : September 10, 2007

ORDER TIME : 9:30 AM

ORDER NO. : 217492-025

CUSTOMER NO: 5048595

FOREIGN FILINGS

NAME: ACS HEALTH CARE, INC.

XX CORPORATE

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap - EXT# 2951

EXAMINER: _____

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

ACS HEALTHCARE, INC.

(Name of Corporation)

F95000004597

(Document Number of Corporation (if known))

OREGON

(Incorporated Under Laws of)

FILED
2007 SEP 10 PM 4:04
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:

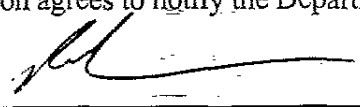
2828 N HASKELL AVE, BLDG 1 FL 10

(Mailing Address)

DALLAS TX 75204

(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)

09/06/2007

(Date)

ROBERT R. ROBINSON

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)

FILING FEE \$35