

**F95000005790**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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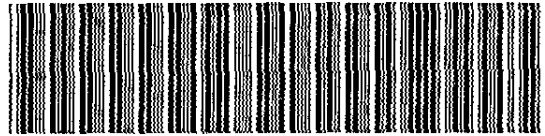
(Business Entity Name)

(Document Number)

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LABASSEE, MO 63043

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12/05/02--01042--002 \*\*35.00

*F95000005790  
FFW 350  
12-4-02 CM*

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Mariner Health of Seminole County, Inc.  
(Name of corporation)

DOCUMENT NUMBER: \_\_\_\_\_

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this  
matter to the following:

Dora Henderson  
(Name of Person)

Mariner Health Care  
(Firm/Company)

One Ravinia Drive, Suite 1500  
(Address)

Atlanta, GA 30346  
(City/State and Zip code)

For further information concerning this matter, please call:

Dora Henderson at ( 678 ) 443-6704  
(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**

Mariner Health of Seminole County, 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:

One Ravinia Drive, Suite 1500

(Mailing Address)

Atlanta, GA 30346

(City/ State /Zip)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

Stefano M. Miele

Typed or printed name

12/2/02

Date