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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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SECRETARY OF STATE
ALLAHASSEF ET SAIE.

July X

COVER LETTER

	mendment Section		
וט	ivision of Corporations		
SUBJEC	T: SCI HEALTHCARE GROUP, I		
	(Name of	Corporation)	
DOCUM	ENT NUMBER:F9600000501		
The enclo	osed withdrawal application and fee are sub	mitted for filing.	
	turn all correspondence concerning this the following:		
_	ERVIN G. PETERSON, JR.		
(Name of Person)			
_	SCI HEALTHCARE GROUP,	INC.	
	(Firm/Co	ompany)	
	5344 LAWNWOOD DRIVE		
(Address)			
	BRIGHTON, MI 48114		
•		nd Zip code)	
For further	er information concerning this matter, please	call:	
ERVIN	G. PETERSON, JR. at (_	810) 227-0889	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
	STREET ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	MAILING ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

,_ **i**

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

SCI HEALTHCARE GROUP, INCORPORATED	
(Name of Corporation)	
F9600000501	
(Document Number of Corporation (if known)	
OHIO (Incorporated Under Laws of)	
(incorporated Under Laws 01)	
This corporation is no longer transacting business or conducting affairs within the State of Florida and her	rehv
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:	
FC 39	
수준 3	
P.O. BOX 2864 A TO TO THE PROPERTY OF THE PROP	,
(Mailing Address) (Mailing Address) (Mailing Address)	
mg 🛌 ju	
TO THE OWN ASSOCIATION OF THE OWN ASSOCIATION	
TOLEDO, OH 43606 City/ State /Zip)	
The companying region (Carlotta Decree of Court	
The corporation agrees to notify the Department of State in the future of any change in its mailing address.	
2/2/2	
(Signature of a director, president or other officer - if in the hands of a (Date)	
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)	_
receiver of outer court appointed reductary, by that findiciary)	
V	
ERVIN G. PETERSON, JR. PRESIDENT	
(Typed or printed name of person signing) (Title of person signing)	_

FILING FEE \$35