

F960000003097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

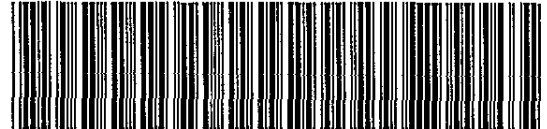
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800015440818

04/10/03--01052--013 **35.00

FILED

03 APR 10 AM 10:07

CLERK OF STATE
TALLAHASSEE, FLORIDA

F960000003097
FF Wm J. J. 1-600-0000
4-10-03 30-03
el

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lake Forest Healthcare Center, Inc.
(Name of corporation)

DOCUMENT NUMBER: F96000003097

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

Please return all correspondence concerning this
matter to the following:

Anne Rider
(Name of Person)

Lake Forest Healthcare Center, Inc.
(Firm/Company)

101 Sun Ave. NE
(Address)

Albuquerque, NM 87109
(City/State and Zip code)

For further information concerning this matter, please call:

Anne Rider at (505) 821-3355
(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**

Lake Forest Healthcare Center, Inc.

(Name of Corporation)

Georgia

(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:

101 Sun Ave. NE

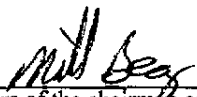
(Mailing Address)

Albuquerque, NM 87109

(City/ State /Zip)

FILED
03 APR 10 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

 Secretary
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. Title

Michael T. Berg
Typed or printed name

3/13/03
Date