DEC. 24. 2008



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000

Fax Number : (850)558-1575

They #2940

## DISSOLUTION OR WITHDRAWAL

SPECIALIZED PATIENT CARE SERVICES, INC.

IVED	AM 8: 00	OF STATE FLORIDA
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12/24/08

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

	Specialized Patient Care Services, Inc.	
	(Name of Corporation)	
	F96000003924	
	(Document Number of Corporation (if known)	
	Alabama	
	(Incorporated Under Laws of)	
voluntari	poration is no longer transacting business or conducting affairs within the State of Florida and I ly surrenders its authority to transact business or conduct affairs in Florida.  poration revokes the authority of its registered agent in Florida to accept service on its beha-	•
appoints	the Department of State as its agent for service of process based on a cause of action arising during a suthorized to transact business or conduct affairs in Florida.	ing the
The follo	wing is a current mailing address for the corporation:	1000
	100 E. RiverCenter Boulevard, Sinte 1000	
		# E
	Covington, Kentucky 41011  (City/ State /Zip)	<u>-</u>
	bration 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 coefficient or other court appointed fiduciary, by that fiduciary)	3. 
R	egis T. Robbins Secretary	
	(Typed or printed name of person signing) (Title of person signing)	

FILING FEE \$35