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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: DeAconess Long Term Care of Florida Inc. (Name of Corporation)			
DOCUMENT NUMBER: F 94 00000 6039			
The enclosed withdrawal application and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
CANIA Brooks, CFO (Name of Person)			
(Name of Person)			
DeAconess Long Term Care of Florida, Ivc. (Firm/Company)			
(Firm/Company)			
440 LA-Rayette Ave, Suite 400 (Address)			
(Address)			
CINCINNATI, OH 45000 (City/State and Zip code)			
(City/State and Zip code)			
For further information concerning this matter, please call:			
BONNIE Fraser at (513) 487-3635 (Name of Person) (Area Code & Daytime Telephone Number)			
(Name of Person) (Area Code & Daytime Telephone Number)			

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

DeAconess Long Term Carl of Florida, Ivc.
F 96 0000 6039 (Document Number of Corporation (if known)
(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:
440 LA-FAYETTE Ave, Suite 400 PM (Mailing Address) CINCINNATI, OH 45220 (City/ State /Zip) Cincinnati, OH 3220 Cincinnati, OH 3220
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)
CAP A Brooks (Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35