## F9700002810

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10005



ACCOUNT NO. : 07210000032

REFERENCE: 491306 749505

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: July 19, 2005

ORDER TIME : 9:51 AM

ORDER NO. : 491306-085

CUSTOMER NO: 7495056

CUSTOMER: Ms. Denise Collins

Magellan Health Services, Inc. 125 Plantation Centre Drive

Macon, GA 31221-6790

+ '

## FOREIGN FILINGS

NAME: MAGELLAN CBHS HOLDINGS, INC.

XX CORPORA:	LE .	
LIMITED	PARTNERSH	EP
	LIABILITY	
• •		

XXXX WITHDRAWAL/CANCELLATION

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CERTIFICATE OF STATUS

CONTACT PERSON: Amanda Haddan - EXT# 2955

EXAMINER:

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

MAGELLAN CBHS HOLDINGS, INC.

1. 14.110	or corporation,			
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F97000002810			2 2	m
(Document Number	r of Corporation (if	known)	STA	FILED III 34
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DELAWARE			97	ين
(Incorporate	ted Under Laws of)	)	A	<i>\$</i>
This corporation is no longer transacting business o voluntarily surrenders its authority to transact busine			ite of Florida and	l hereby
This corporation revokes the authority of its regist appoints the Department of State as its agent for servation time it was authorized to transact business or conduct	vice of process ba	ased on a cause of		
The following is a current mailing address for the co	rporation:			
P. O. BOX 26790				
(Mai	ling Address)			
MACON, GA 31221				
(City	y/ State /Zip)		<del></del>	
The corporation agrees to notify the Department of S	state in the future	of any change in	its mailing addre	SS.
(Signature of a director, president or other officer - if in the h	ande of a	JULY 13, 2	2005 Date)	
receiver or other court appointed fiduciary, by that fiduciary	')	(D	rate)	
I INDON G NEW IN				
LINTON C. NEWLIN (Typed or printed name of person signing)	<del></del>	VICE PRESIDEN	rr erson signing)	
(xypod or printed name or person signing)		(The or pe	novar agrinig <i>j</i>	

FILING FEE \$35