

F97000002933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Duval Healthcare Center, Inc.  
(Name of corporation)

**DOCUMENT NUMBER:** F97000002933

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

Please return all correspondence concerning this matter to the following:

Legal Department

(Name of Person)

Duval 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

(Name of Person)

at ( 505 ) 821-3355

(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

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TALLAHASSEE, FLORIDA

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

Duval 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)

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

  
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.

Secretary

Title

Michael T. Berg  
Typed or printed name

2/27/04

Date

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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