Keeping American Business Healthy

1729 indy Fitzsim

Direct Voice: 770/772-6282 x185

678/942-2118 Direct Fax:

e-mail: Cindy.Fitzsimons@USHWorks.com

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

April 5, 2002

RE: HealthSouth Medical Clinic Inc.

To Whom It May Concern:

HealthSouth Medical Clinic, Inc. surrenders its authority to conduct business in your state. The following documentation is enclosed:

- An original and one copy of the application for withdrawal
- The \$35 filing fee

Please send documentation of the withdrawal in the envelope provided.

If you have any questions regarding the enclosed documents, please contact me at 770/772-6282 ext. 185. Thank you for your assistance in this matter.

Sincerely,

Cindy Fitzsimons

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Paralegal

3655 North Point Parkway, Suite 150, Alpharetta, GA 30005

(770) 772-6282 • Fax: (770) 772-6586

TRANSMITTAL LETTER

TO: Amendment Section		
Division of Corporations		
SUBJECT: HealthSouth Medical Clinic, Inc.		
(Name	of corporation)	
DOCUMENT NUMBER:		
The enclosed withdrawal application and for	ee are submitted for filing.	
Please return all correspondence concerning matter to the following:	this	
Cindy Fitzsimons		
(Name of Person)		
U.S. HealthWorks		
(Firm/Company)	· "	
3655 North Point Parkway, Suite 150		
(Address)		
Alpharetta, GA 30005		
(City/State and Zip code)		
For further information concerning this matte	er, please call:	
Cindy Fitzsimons	at (770) 772-6282 ext 185	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET ADDRESS:	MAILING ADDRESS:	
Amendment Section	Amendment Section	
Division of Corporations 409 E. Gaines St.	Division of Corporations	
409 E. Games St. Tallahassee, FL. 32399	P.O. Box 6327	
Tallallassoo, T.L. 32377	Tallahassee, FL. 32314	

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

		10 B
HealthSouth Medical Clinic, Inc.		700 B
(Name of Co	orporation)	
Delaware		TO THE O
	Under Laws Of)	
(meo.potated		ORAL M. S.
This corporation is no longer transacting busines and hereby voluntarily surrenders its authority to	ss or conducting affairs within the Sta	te of Florida
This corporation revokes the authority of its re- behalf and appoints the Department of State as it action arising during the time it was authorized to	ts agent for service of process based o	on a cause of
The following is a current mailing address for the	e corporation:	
3655 North Point Parkway, Suite 150		
(Mailing	; Address)	
Alpharetta, GA 30005		
(City/ St	tate /Zip)	• •
The corporation agrees to notify the Department address.	of State in the future of any change in	1 its mailing
Signature of the chairman or vice chairman of the boar	President rd, Title	<u> </u>
president, or any officer, or if the corporation is in the receiver, trustee, or other court-appointed fiduciary, by	by that fiduciary.	
Richard J.Kampa		
Typed or printed name	Date	