F98000002962

(Re	equestor's Name)	
(Ad	dress)	
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: GERI-CARE ASSISTED LIVING END REALBILITATIVE CENTRY (Name of Corporation)
DOCUMENT NUMBER: F98 0000 2962
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CHAUNCEY BELSER (Name of Person)
(Name of Person)
GERI CARE
(Firm/Company) 17352 MAW STREET NORTH TO THE CAddress)
BLOUNTS TOWN FI 32424 F TT (City/State and Zip code)
For further information concerning this matter, please call:
Name of Person) (Name of Person) Enclosed is a check for the amount: (Area Code & Daytime Telephone Number)
\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is Enclosed) \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle

Tallahassee, FL. 32301

Tallahassee, FL.32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 6, 2014

CHAUNCEY BELSER GERI-CARE ASSISTED LIVING & REHABILITAT 180 LIGHTKEEPERS DR PORT ST JOE, FL 32456

SUBJECT: GERI-CARE ASSISTED LIVING & REHABILITATIVE CENTER, INC.

Ref. Number: F98000002962

We have received your document for GERI-CARE ASSISTED LIVING & REHABILITATIVE CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong form. Please complete the attached form to withdrawal the authority to transact business in Florida.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 914A00000252

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

GERI-CARE ASSISTED LIVING AND REMABILITATIVE (Name of Corporation)	CENTER,
(Name of Corporation)	Tuc
F98 0000 762 (Document Number of Corporation (if known)	
(Incorporated Under Laws of)	
(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:	
17352 MAN STREET NORTH IN COMMISSION OF THE	
17352 MAN STREET NORTH END TO SEE TO MAIling Address) BLOUNTSTOWN, Fl. 324 24 TO NO. (City/State/Zip)	
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 aductary, by that fiduciary) (Date)	
CHAUNCE BELSER CSO (Typed or printed name of person signing) (Title of person signing)	

FILING FEE \$35