

FG8000004011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

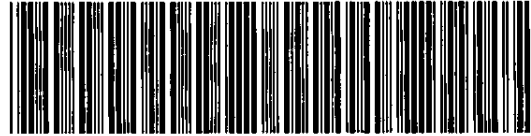
(Business Entity Name)

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JUN 16 2014
C. CARROTHERS



Writer's Fax No. (855) 642-8325
Writer's Direct Dial No. (502) 596-7044
Writer's E-mail. jenny.linet@kindred.com

May 28, 2014

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: Certificate of Withdrawal for Kindred Healthcare Operating, Inc.

Dear Sir/Madam:

Enclosed please find a Certificate of Withdrawal for Kindred Healthcare Operating, Inc. along with the required payment in the amount of \$35.00.

Please forward the file stamped copy of the Withdrawal to the attention of Jenny Linet, Kindred Healthcare, 680 S. Fourth Street, Louisville, KY 40202. I have enclosed a pre-paid envelope as well for your convenience.

If you have any questions, please do not hesitate to give me a call. Thank you for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "Jenny Linet".

Jenny Linet
Legal Services Specialist

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Kindred Healthcare Operating, Inc.

(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Jenny Linet

(Name of Person)

Kindred Healthcare Operating, Inc.

(Firm/Company)

680 South Fourth Street

(Address)

Louisville, KY 40202

(City/State and Zip code)

For further information concerning this matter, please call:

Jenny Linet

at (502)

596-7044

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

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

STREET ADDRESS:

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

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

Kindred Healthcare Operating, Inc.

(Name of Corporation)

(Document Number of Corporation (if known))

Delaware

(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:

680 South Fourth Street

(Mailing Address)

Louisville, KY 40202

(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 fiduciary, by that fiduciary)

(Date)

Joseph L. Landenwich

(Typed or printed name of person signing)

Co-General Counsel and Corporate Secretary

(Title of person signing)

FILING FEE \$35