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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Mariner Physician S	•
(Name of c	corporation)
DOCUMENT NUMBER:	
The enclosed withdrawal application and fee a	are submitted for filing.
Please return all correspondence concerning this matter to the following:	· -
Dora Henderson	
(Name of Person)	_ -:=_
Mariner Health Care	
(Firm/Company)	- -
One Ravinia Drive, Suite 1500	
(Address)	
Atlanta, GA 30346	
(City/State and Zip code)	
For further information concerning this matter, p	olease call:
Dora Henderson (Name of Person)	at (678) 443-6704 (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

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

Mariner Physic:	cian Services, Inc.	
(Nan	me of Corporation)	٠
Delaware		
(Incorpo	porated Under Laws Of)	
and hereby voluntarily surrenders its author	business or conducting affairs within the State of Florida ority to transact business or conduct affairs in Florida.	
behalf and appoints the Department of Stat	f its registered agent in Florida to accept service on its ate as its agent for service of process based on a cause of prized to transact business or conduct affairs in Florida.	
The following is a current mailing address	for the corporation:	
One Ravinia Drive, Suite 1500	AHE IN AH	*****
(N	Mailing Address)	F
Atlanta, GA 30346		
(0	(City/ State /Zip)	
The corporation agrees to notify the Depart address.	rtment of State in the future of any change in its mailing	
Signature of the chairman or vice chairman of the president, or any officer, or if the corporation is receiver, trustee, or other court-appointed fiduci	Secretary the board, Title s in the hands of a ciary, by that fiduciary.	
Stefano M. Miele		
Typed or printed name	Date	