

F990000000620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

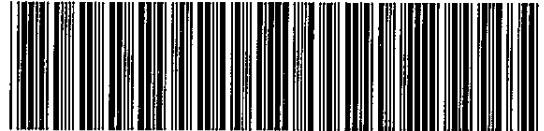
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500010943205

Withdrawn

01/29/03--01067--024 **35.00

RECEIVED
03 JAN 29 PM 12:32
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
03 JAN 29 PM 2:47
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DR
1/30/03

CT CORPORATION

January 29, 2003

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 5770664 SO
Customer Reference 1: 02994971
Customer Reference 2: n/a

Dear Secretary of State, Florida:

Please file the attached:

LILLIBRIDGE HEALTHCARE MANAGEMENT, INC. (IL)
Post-Merger Withdrawal/Removal
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Melanie S Strickland
Fulfillment Specialist
Melanie_Strickland@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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

Lillibridge Healthcare Management, Inc.

(Name of Corporation)

Illinois

(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 to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

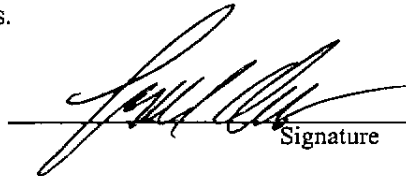
222 North LaSalle Street, Suite 410

(Mailing Address)

Chicago, IL 60601

(City/ State /Zip)

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


Signature

Secretary

Title

Joseph Kurzydym

Typed or printed name

1/8/03
Date