



## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: THE BASENSI HEALTH ENDOWMENT, INC.  
(Name of Corporation)

DOCUMENT NUMBER: F 99 000 000 638

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

Please return all correspondence concerning this  
matter to the following:

JANET L KETZ

(Name of Person)

THE BASENSI HEALTH ENDOWMENT, INC

(Firm/Company)

34025 WEST RIVER RD

(Address)

WILMINGTON, IL 60481

(City/State and Zip code)

For further information concerning this matter, please call:

JANET L KETZ

(Name of Person)

at ( 815 ) 325-5908

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount: -TO FLORIDA DEPARTMENT OF STATE

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