

F99000001352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

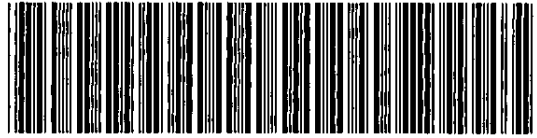
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Withdrawal
03/14/08
DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Critical Care Specialists, 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:

Katherine F. Semmes
(Name of Person)

Critical Care Specialists, Inc.
(Firm/Company)

5410 Killinur Drive
(Address)

Prospect, KY 40059
(City/State and Zip code)

For further information concerning this matter, please call:

Katherine F. Semmes at (502) 893-9758
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:

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

STREET ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2008

sunbiz.org

KATHERINE F. SEMMES
5410 KILLINUR DR.
PROSPECT, KY 40059

SUBJECT: CRITICAL CARE SPECIALISTS, INC.
Ref. Number: F99000001352

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Dissolution to dissolve a Florida domestic corporation have been submitted in error. A withdrawal application must be filed to withdraw the authority of a foreign corporation 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) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 808A00007884

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2008 FEB 18 AM 6:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 4, 2008

KATHERINE F. SEMMES
5410 KILLINUR DR.
PROSPECT, KY 40059

SUBJECT: CRITICAL CARE SPECIALISTS, INC.
Ref. Number: F99000001352

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE HAVE AN OFFICER OF THE CORPORATION TO SIGN THE DOCUMENT.

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) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 608A00013359

RECEIVED
2008 MAR 14 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAR 15 2008

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

Critical Care Specialists, Inc.

(Name of Corporation)

(Document Number of Corporation (if known))

Kentucky

(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:

5410 Killinur Drive

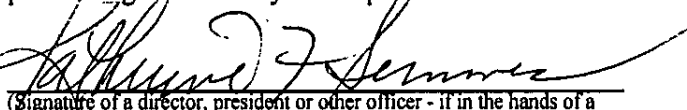
(Mailing Address)

Prospect, KY 40059

(City/ State /Zip)

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TALLAHASSEE, FLORIDA

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)

02/13/2008

(Date)

Katherine F. Semmes

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35