

Division of Corporations

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**F9900002142**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H150000820053ABCV

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*File 1st Withdrawal before LLC Registration H15-82022*

To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

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OFFICE OF THE SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**DISSOLUTION OR WITHDRAWAL  
COLUMBIA LAGRANGE HOSPITAL, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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*T. JEMMEUX*  
APR 03 2015  
4/2/2015

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Columbia LaGrange Hospital, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** F99000002142

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ceci Estill  
(Name of Person)

Columbia LaGrange Hospital, Inc.  
(Firm/Company)

One Park Plaza  
(Address)

Nashville, TN 37203  
(City/State and Zip code)

For further information concerning this matter, please call:

Ceci Estill at 615 344-2994  
(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

Columbia LaGrange Hospital, Inc.  
(Name of Corporation)

F99000002142  
(Document Number of Corporation (if known))

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 for the corporation:

One Park Plaza - Legal Dept.  
(Mailing Address)

Nashville, TN 37203  
(City/ State /Zip)

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

*Natalie H. Cline*  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

12-31-2014  
(Date)

Natalie H. Cline  
(Typed or printed name of person signing)

Vice President and Secretary  
(Title of person signing)

**FILING FEE \$35**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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