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Division of Corporations

Fax Number

: (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number: FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368

DISSOLUTION OR WITHDRAWAL COLUMBIA LAGRANGE HOSPITAL, INC.

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COVER LETTER

TO:	Amendment Section Division of Corporations		
SURI	ECT: Columbia LaGrange Hospital, Inc.		
5020		(Name of Corporati	on)
DOC	UMENT NUMBER: F99000002142		
The er	nclosed withdrawal application and	fee are submitted for	filing.
	return all correspondence concerning to the following:	g this	`
	Ceci Estili		
		(Name of Person)	
	Columbia LaGrange Hospital, Inc.		
		(Firm/Company)	
	One Park Plaza		·
	,	(Address)	
	Nashville, TN 37203		
	(0	City/State and Zip code)
For fur	ther information concerning this mat	ter, please call:	
Ceci Es	di) .	at (615	344-2994
Enclos	(Name of Person) ed is a check for the amount:	(Area Co	de & Daytime Telephone Number)
⊠\$ 35	Filing Fee \$43.75 Piling Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)	Certificate of Status & Certified
	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

Columbia LaGrange Hospital, Inc.

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

(Name of Corporation)

F99000002142		
(Document Number of Corporation	(if known)	
Illinois		
(Incorporated Under Laws	0f)	
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conduct	affairs in Florida.	
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of proceed the time it was authorized to transact business or conduct affairs in	ess based on a cause of action arising during	
The following is a current mailing address for the corporation:	_	
One Park Plaza - Legal Dept.	SEC	<u> </u>
(Mailing Address)		
Nashville, TN 37203	ASSEE	L
(City/ State /Zip)		
The corporation agrees to notify the Department of State in the fut	CORIDA LORIDA Lorie of any change in its mailing address.	,
Makalu 21 Cline	12-31-2014	
(Signature of a director president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)	
Natalie H. Cline	Vice President and Secretary	
(Typed or ortnied name of person signing)	(Title of person signing)	
FILING FEE \$35		

X.