

F99000003452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

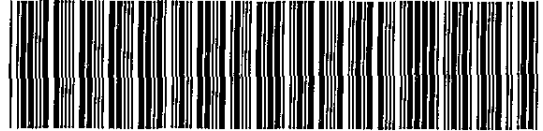
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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600010941626

Withdrawn

02/03/03--01087--018 **35.00

RECEIVED
03 FEB -3 PM 2:31
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
03 FEB -3 PM 4:04
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2/3/03

CT CORPORATION

February 3, 2003

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

Re: Order #: 5779365 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

HHF1, Inc. (DE)
Withdrawal
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**

HHF1, INC.
(Name of Corporation)

DELAWARE
(Incorporated Under Laws Of)

FILED
03 FEB -3 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

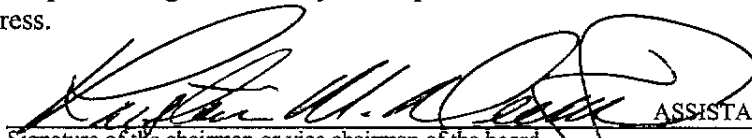
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

C/O GE CAPITAL HEALTHCARE FINANCIAL SERVICES, 500 WEST MONROE STREET
(Mailing Address)

CHICAGO, IL 60661
(City/ State /Zip)

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



ASSISTANT SECRETARY

Signature of the chairman or vice chairman of the board,
president, or any officer, or if the corporation is in the hands of a
receiver, trustee, or other court-appointed fiduciary, by that fiduciary.

Title

KRISTIN M. DEERING

Typed or printed name

8/16/02

Date