

F99000003871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

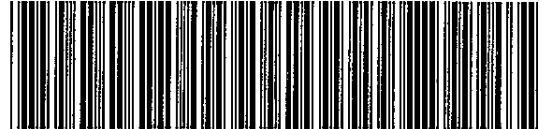
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1a 7.22.04



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07/16/04--01066--002 **35.00

FILED
04 JUL 16 PM 4:30
TALLAHASSEE, FLORIDA

STAHL COWEN CROWLEY LLC

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July 13, 2004

OUR FILE NUMBER:

Florida Department of State
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

FILED
04 JUL 16 PM 4:30
CLERK OF SUPREME COURT
TALLAHASSEE, FLORIDA

RE: *Extended Care Information Network, Inc., Document No. F99000003877*

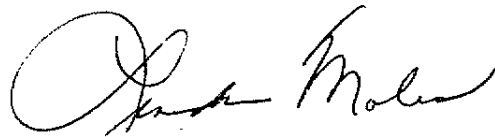
Gentlemen:

Enclosed, in duplicate, is the above Corporation's Application for Withdrawal, along with a Transmittal Letter and a check in the amount of \$35.00, representing the required filing fee.

I would appreciate it if you would file the enclosed document as soon as possible and provide the undersigned with proof of filing as soon as possible. Please contact me if you have any questions.

Very truly yours,

STAHL COWEN CROWLEY LLC



By:

Linda C. Moles
Paralegal

/lcm
Enclosures

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EXTENDED CARE INFORMATION NETWORK, INC.
(Name of corporation)

DOCUMENT NUMBER: F99000003877

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

Please return all correspondence concerning this
matter to the following:

Donald C. Nord

(Name of Person)

STAHL COWEN CROWLEY LLC

(Firm/Company)

55 W. Monroe Street, Suite 500

(Address)

Chicago, IL 60603

(City/State and Zip code)

For further information concerning this matter, please call:

Donald C. Nord

(Name of Person)

at (

312)

641-0060

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

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

FILED
04 JUL 16 PM 4:30
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

EXTENDED CARE INFORMATION NETWORK, INC.

(Name of Corporation)

F99000003877

(Document Number of Corporation (if known))

ILLINOIS

(Incorporated Under Laws of)

FILED
04 JUL 16 PM 4:30
STATE OF FLORIDA
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:

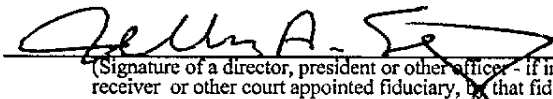
8700 W. Bryn Mawr Avenue, Suite 700 North

(Mailing Address)

Chicago, IL 60631

(City/ State /Zip)

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)

7/1/04
(Date)

JEFFREY A. SURGES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE \$35