

F990000004867 ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA0000000005

REFERENCE: 2019109
(Sub Account)

DATE: 10-11-1

REQUESTOR NAME: LEXIS

ADDRESS:

TELEPHONE: () () ext ()

CONTACT NAME:

CORPORATION NAME: Alpine Health and Rehabilitation
Center, Inc.

DOCUMENT NUMBER:
(if applicable)

AUTHORIZATION:

C. Woodyard

☐ CERTIFIED COPY (1-2)
☒ CERTIFICATE OF STATUS (1-2)
☒ PLAIN STAMPED COPY

99 OCT - 1 PM 2:57
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☒ Call When Ready () Call If Problem () After 4:
Walk In () Will Wait () Pick Up
() Mail Out

8000003004518--3

~~Please make withdrawals~~
~~effective 10-1-99.~~

Gave OK -
to correct
name

Thank you
withdrawal

Sp
10/4/99

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

Alpine Health & Rehabilitation Center, Inc.
(Name of Corporation)

Delaware
(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.

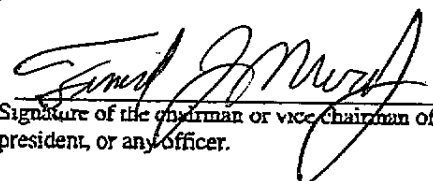
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

111 W Michigan St,
(Mailing Address)

Milwaukee, WI 53203
(City/ State /Zip)

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

 Ass. Secretary
Signature of the chairman or vice chairman of the board, president, or any officer. Title

Timothy J. Murphy September 29, 1999
Typed or printed name Date

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99 OCT -1 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA