

F990000004882

ACCOUNT NUMBER: FCA000000005

REFERENCE: 2019109
(Sub Account)

DATE: 10-11

REQUESTOR NAME: LEXIS

ADDRESS:

TELEPHONE: () () ext ()

CONTACT NAME:

CORPORATION NAME: Winter Haven Health and Rehabilitation Center, Inc.

DOCUMENT NUMBER:
(if applicable)

AUTHORIZATION:

A. Woodyard

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

☒ Call When Ready
☒ Walk In
☐ Mail Out

☐ Call If Problem
☐ Will Wait

☐ After 4
☐ Pick Up

300003004533--7

Please make effective: 10-1-99

Thank you! with

SF

10/4/99

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

Winter Haven 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.

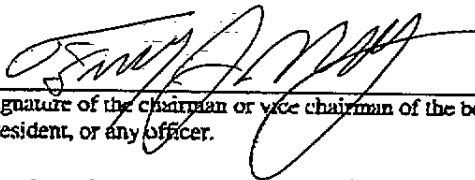
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

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.

	<u>Ass. Secretary</u>
Signature of the chairman or vice chairman of the board, president, or any officer.	Title
<u>Timothy J. Murphy</u>	<u>September 29, 1999</u>
Typed or printed name	Date

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