## FCA000000005 ACCOUNT NUMBER: REFERENCE: (Sub Account) REQUESTOR HARE: ADDRESS: TELEPHONE: CONTACT NAME: CONFORMTION MAKE: South Heritage Health & Rehabilitation DOCUMENT NUMBER: (if \*pplicable) AUTHORIZATION: CERTIFIED COPY (1-9) CERTIFICATE OF STATUS (1-9) PLAIN STAMPED COPY

Plase make effective: 10-1-99

Call When Ready

Walk In

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Pick Up

withdrawal SP 10/4/99

) Call it Problem

) Will Walt

Sep-28-1999 | 11:12am

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

South Heritage Health & Rehal		enter, Inc. —	
(Name of Corp.	oration)	<del>-</del>	
Delawar		_=~	
(Incorporated Unde	TLaws Of)		
This corporation is no longer transacting business or and hereby voluntarily surrenders its authority to tran			
This corporation revokes the authority of its register behalf and appoints the Department of State as its ag- action arising during the time it was authorized to tra-	gent for service o	of process based on a	cause of
The following is a current mailing address to which any process against this corporation that may be serv			copy of
111 W Michigan St, (Mailing Ad	dress)		
Milwaukee, WI 53203 (City/ State	/Zip)	··· · =	<u></u>
The corporation agrees to notify the Department of saddress.	State in the futur	e of any change in its	mailing
Signature of the chairman or vice chairman of the boat president, or any officer.		ss. Secretary Title	
Timothy J. Murphy Typed or printed name	Septer Date	<u>mber 29, 1999</u> =	99 OCT - 1 P
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SEP 28 '99 11:21

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