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TRANSMITTAL LETTER

02 JUL 19 PM 12: 09

SECRETARY OF STATE TALLAHASSEE. FLORIDA TO: Amendment Section Division of Corporations SUBJECT: Retirement Care G.P. Corporation (Name of corporation) DOCUMENT NUMBER: _ The enclosed withdrawal application and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Anne Rider *****35.00 (Name of Person) Retirement Care G.P. Corporation (Firm/Company) 101 Sun Ave. N.E. (Address) Albuquerque, NM 87109 (City/State and Zip code) For further information concerning this matter, please call: Anne Rider at (_505) 821-3355 (Name of Person) (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

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FL032 - 10/23/2001 C T System Online

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

Retirement Care G.P. Corporation		
(Narr	ne of Corporation)	
New Mexico		
(Incorpo	orated Under Laws Of)	<u> </u>
This corporation is no longer transacting be and hereby voluntarily surrenders its author	usiness or conducting affairs within the rity to transact business or conduct affa	e State of Florida irs in Florida.
This corporation revokes the authority of behalf and appoints the Department of Stat action arising during the time it was authority	te as its agent for service of process bas	sed on a cause of
The following is a current mailing address:	for the corporation:	02 1ALL
101 Sun Ave. N.E.		
Albuquerque, NM 87109	Mailing Address)	D2 JUL 19 PM 12: 0
	City/ State /Zip)	ATE ORIDA
The corporation agrees to notify the Depart address.	tment of State in the future of any chan	ge in its mailing
mad Deg	Secretary	
Signature of the chairman or vice chairman of the president, or any officer, or if the corporation is receiver, trustee, or other court-appointed fiducing	s in the hands of a	
Michael T. Berg	7/9/02	
Typed or printed name	Date	