

F99000005483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CARE PROVIDER SOLUTIONS, INC.

(Name of Corporation)

DOCUMENT NUMBER: F99000005483

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

Please return all correspondence concerning this matter to the following:

DEIRDRE M. MCMANUS

(Name of Person)

SIGNATURE HEALTHCARE, LLC

(Firm/Company)

12201 BLUEGRASS PARKWAY

(Address)

LOUISVILLE, KY 40299

(City/State and Zip code)

For further information concerning this matter, please call:

DEIRDRE M. MCMANUS

(Name of Person)

at (502) 568-7725

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

CARE PROVIDER SERVICES, INC.

(Name of Corporation)

F99000005483

(Document Number of Corporation (if known))

GEORGIA.

(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 for the corporation:

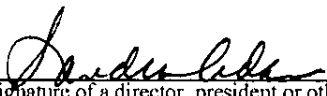
12201 BLUEGRASS PARKWAY

(Mailing Address)

LOUISVILLE, KY 40299

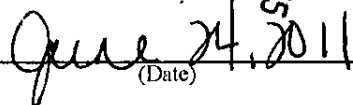
(City/ State /Zip)

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)

SANDRA ADAMS

(Typed or printed name of person signing)


(Date)

VICE PRESIDENT

(Title of person signing)

FILING FEE \$35

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11 JUN -7 AM 11:55
TALLAHASSEE, FLORIDA