

11000000001754

Evergreen Rehabilitation  
3721 Taylorsville Road  
Louisville, Kentucky 40220

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #) 300004542313-1  
-08/20/01--01090--019  
\*\*\*\*\*25.00 \*\*\*\*\*25.00
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

FILED  
01 AUG 20 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MOO-1754  
OK

Examiner's Initials

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR  
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN  
FLORIDA**

HHS Healthcare, LLL

(Name of limited liability company)

Louisville, Kentucky

(Jurisdiction of its organization)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent 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 in Florida.

3721 Taylorsville Road, Louisville, Kentucky 40220

(Mailing address)

Louisville, Kentucky 40220

(City/State/Zip)

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

Michael Houlihan, V.P.

(Signature of member or authorized representative of a member)

Michael Houlihan, Vice President

(Typed or printed name of signee)

FILED  
01 AUG 20 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00