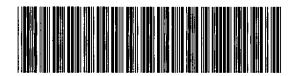
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D. BRUCE

JAN 12 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Physician Health Service LLC (Name of Foreign Limited Liability Company)
Dear Sir or Madam:
The enclosed withdrawal and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Donna Newman (Name of Person)
Physician Health Service UC Es
510 N.E 199+n Terrace (Address)
MIAMI FLOULA 33179 (City/State and Zip Code)
For further information concerning this matter, please call: Down + Dewman at (305) (QO-9800 (Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee \$30 Filing Fee & \$55 Filing Fee & \$60 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy

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

Physician Health Service LLC (Name of limited liability company)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(Jurisdiction of its organization)	
This limited liability company is no longer transacting business in Florida and authority to transact business in this state.	surrenders its
This limited liability company revokes the authority of its registered agent to accits behalf and appoints the Department of State as its agent for service of proceeduse of action arising during the time it was authorized to transact business in Flori	ept service on ess based on a rida.
510 NE 199th Terrace (Mailing address)	
MIAMI FLAIJA 33179 (City/State/Zip)	anna de la companya d
The limited liability company agrees to notify the Department of State in the ehange in its mailing address.	future of any
Dana Jam	
(Signature of member or authorized representative of a member)	O9 JA
(Typed or printed name of signee)	N-9

Filing Fee: \$25.00