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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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ONE FEDERAL PLACE  
1819 FIFTH AVENUE NORTH  
BIRMINGHAM, AL 35203-2119  
205.521.8000 FAX 205.521.8800  
WWW.BRADLEYARANT.COM

M. Frances Soldo

Direct Dial: 205-521-8564  
Direct Fax: 205-488-6564  
fsoldo@bradleyarant.com

December 29, 2008

**Via Federal Express Priority Overnight**

Florida Department of State  
Registration Section  
Division of Corporation  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: Withdrawal of Reliant Fort Myers Psychiatric Services, LLC  
(R0221-096360)

Dear Sir or Madam:

I am enclosing an original, executed *Application by Foreign Limited Liability Company For Withdrawal of Authority to Transact Business in Florida* for **Reliant Fort Myers Psychiatric Services, LLC**, along with a Cover Letter form and our check for \$25.00 for the filing fee.

Please file the withdrawal upon receipt and return a file-stamped copy to me, as shown on the Cover Letter. Thank you very much for your help, and please call me if you have a question about the enclosed.

Sincerely,

M. Frances Soldo  
Legal Assistant

Enclosures

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Reliant Fort Myers Psychiatric Services, 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:

Fran Soldo

(Name of Person)

Bradley Arant Rose & White LLP

(Firm/Company)

1819 Fifth Avenue North

(Address)

Birmingham, AL 35203

(City/State and Zip Code)

For further information concerning this matter, please call:

Fran Soldo

(Name of Person)

at ( 205 ) 521-8564

(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 &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

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

Reliant Fort Myers Psychiatric Services, LLC

(Name of limited liability company)

Delaware

(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.

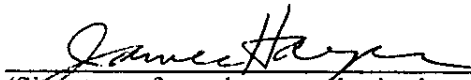
6 Office Park Circle, Suite 100

(Mailing address)

Birmingham, AL 35223

(City/State/Zip)

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

  
(Signature of member or authorized representative of a member)

James Harper - Manager

(Typed or printed name of signee)

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DIVISION OF CORPORATION  
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**Filing Fee: \$25.00**