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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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Fax Number : (850) 878-5368

**LLC DISSOLUTION OR WITHDRAWAL  
AUSTIN HEALTHCARE, LLC**

|                       |         |
|-----------------------|---------|
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## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Austin Healthcare, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

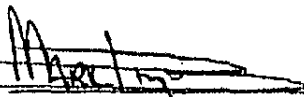
09/12/2013

(Date registered with Florida Department of State)

M13000005756

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

Mark Phillips

(Typed or printed name of signee)

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