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ATTORNEYS AT LAW

Patty A. Miller
Paralegal
Downtown Office
Direct Dial (317) 684-5261
Direct Fax (317) 223-0261
E-Mail: PMiller@boselaw.com

April 15, 2004

VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Prime Care Two, LLC

Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida

Dear Sir or Madam:

Enclosed herewith please find one (1) original, manually-signed Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida and one (1) copy thereof on behalf of Prime Care Two, LLC, a Foreign Limited Liability Company, along with the statutory filing fee of \$25.00. Please file the enclosed Application and return a file-stamped copy to our office in the enclosed self-addressed, stamped envelope.

Thank you in advance for your assistance in this matter. In the event you should have any questions or comments regarding the enclosed Application, please do not hesitate to contact me.

Sincerely,

Patty A. Miller Paralegal

PAM/js Enclosures

cc: James C. Carlino, Esq. (w/o encls.)

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

PRIME CARE TWO, LLC	
(Name of limited liability company)	
Indiana	
(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 accept behalf and appoints the Department of State as its agent for service of process bas of action arising during the time it was authorized to transact business in Florida.	service on its ed on a cause
10401 North Meridian Street, Suite 122	
(Mailing address)	_
Indianapolis, Indiana 46290	
(City/State/Zip)	
The limited liability company agrees to notify the Department of State in the future in its mailing address.	of any change
John 2. Lee	
(Signature of member or authorized representative of a member)	24 9
Jay L. Hicks, President	
(Typed or printed name of signee)	30 5111:02 20 5111:02 20 5111:02

Filing Fee: \$25.00