

M98000000757

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

LLC DISSOLUTION OR WITHDRAWAL
AMERICAN HEALTH FACILITIES DEVELOPMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

15 FEB 19 AM 10:00

DIVISION OF CORPORATIONS
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TALLAHASSEE FLORIDA

15 FEB 19 AM 7:15

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Electronic Filing Menu Corporate Filing Menu

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: American Health Facilities Development, 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:

Mary Ward

(Name of Person)

Bradley Arant Boult Cummings LLP

(Firm/Company)

1600 Division Street, Suite 700

(Address)

Nashville, TN 37203

(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Ward at (615) 252-352

(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 & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

American Health Facilities Development, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

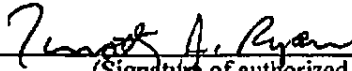
07/13/1998

(Date registered with Florida Department of State)

M9800000757

(Florida Document Number)

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



(Signature of authorized representative)

Timothy J. Ryan, Authorized Representative

(Typed or printed name of signee)

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA