



THE UNITED STATES
CORPORATION
COMPANY

M9800000/530

ACCOUNT NO. : 072100000032

REFERENCE : 357924 4334907

AUTHORIZATION :

Patricia Pizut

COST LIMIT : \$ 52.50

ORDER DATE : August 30, 1999

ORDER TIME : 11:43 AM

ORDER NO. : 357924-030

CUSTOMER NO: 4334907

700002973527--4

CUSTOMER: Ms. Melinda Lampkin
Columbia/hca Healthcare
P.O. Box 550
One Park Plaza
Nashville, TN 37203

FOREIGN FILINGS

NAME: WEST FLORIDA REGIONAL MEDICAL
CENTER, LLC

XX PROFIT
 NON-PROFIT

XX CORPORATE
 LIMITED PARTNERSHIP

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar

62-31-99

RECEIVED
99 AUG 30 PM 12:57
TALLAHASSEE, FLORIDA
FILED
99 AUG 30 AM 8:21
TALLAHASSEE, FLORIDA

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

West Florida Regional Medical Center, LLC
(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

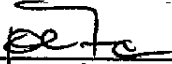
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

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.

One Park Plaza, P.O. Box 550
(Mailing address)

Nashville, TN 37203
(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)

West Florida Regional Medical Center, Inc., its sole member

John M. Franck II
(Typed or printed name of signee)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 AUG 30 AM 8:21

FILED