P07651



CORPORATION		
ACCOUNT NO.	: 072100000032	
REFERENCE	: 898754 433490	7
AUTHORIZATION	Potricia / must	
COST LIMIT	: \$ 35.00	
ORDER DATE : July 21, 1998		
ORDER TIME : 1:15 PM		
ORDER NO. : 898754-010		
CUSTOMER NO: 4334907		
CUSTOMER: Ms. Melinda Lampkin Columbia/hca Health P.o. Box 550 One Park Plaza Nashville, TN 3720	icare	025943780 5,,
FOREIGN F	'ILINGS	98 JUL 2
NAME: HCA PHYSICIAN	SERVICES, INC.	PN 3: 40 SEE, FLORID
XX PROFIT NON-PROFIT	XX CORPORATE LIMITED PART	
XXXX WITHDRAWAL/CANCELLATION		

CONTACT PERSON: Robert Turner

CERTIFIED COPY
PLAIN STAMPED COPY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFICATE OF GOOD STANDING

98 JUL 21 PH 1: 1

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

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			<u>.</u>	
HCA Physician Serv	vione Inc	Ŧ.	듣	
(Name of Corpor		-CO-	<u>~</u>	कुळ्ड
(Name of Corpor	ation	E		8
Tennessee		F. S	2	9
(Incorporated Under		54	بي	
(incorporated under	Laws Ot)		<u>-</u>	
This corporation is no longer transporting business	noon ou comduction aff-	. Smi	ا الله	41
This corporation is no longer transacting busing State of Florida and hereby voluntarily surrender conduct affairs in Florida.				
This corporation revokes the authority of its services on its behalf and appoints the Departm of process based on a cause of action arising transact business or conduct affairs in Florida.	nent of State as its agen	it for s	servi	ces
The following is a current mailing address to wha copy of any process against this corporation the	ich the Department of S nat may be served on the	tate m e Depa	artme	nail ent.
One Park Pla	aza			
(Mailing Addre				
	·			
Nashville, TN 3	7203			
(City/State/Zi				
The corporation agrees to notify the Department		of any	char	nge
in its mailing address.				
pering	7/20/98			
Signature	Date			
John M. Franck II	Vice President and	Secre	tary	
Typed or Printed name	Title			_