

P07651



ACCOUNT NO. : 072100000032
REFERENCE : 898754 4334907
AUTHORIZATION : Patricia Pizzuti
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 Healthcare
P.o. Box 550
One Park Plaza
Nashville, TN 37202

800002594378--0

FOREIGN FILINGS

NAME: HCA PHYSICIAN SERVICES, INC.

XX PROFIT
 NON-PROFIT

XX CORPORATE
 LIMITED PARTNERSHIP

FILED
98 JUL 21 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Robert Turner

2/22
Jon
Withdrawal

REC'D
98 JUL 21 PM 1:50
DIVISION OF CORPORATION

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

FILED
98 JUL 21 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HCA Physician Services, Inc.

(Name of Corporation)

Tennessee

(Incorporated Under Laws Of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept services on its behalf and appoints the Department of State as its agent for services of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

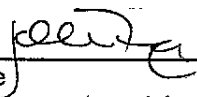
One Park Plaza

(Mailing Address)

Nashville, TN 37203

(City/State/Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

Signature  _____ Date 7/20/98 _____

John M. Franck II _____ Vice President and Secretary
Typed or Printed name _____ Title