

P 12317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

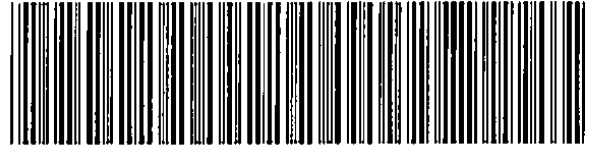
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# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 08/09/2019

Acc#12016000072

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Name:	DaVita Medical Florida, Inc. (DE)
Document #:	
Order #:	12004474

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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Amount: \$ **35.00**

Thank you!

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DaVita Medical Florida, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P12317

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephanie Hoffmann  
(Name of Person)

Bradley Arant Boult Cummings LLP  
(Firm/Company)

1600 Division Street Suite 1600  
(Address)

Nashville, TN 37203  
(City/State and Zip code)

For further information concerning this matter, please call:

Mary Ward at (615) 252-3552  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)
- \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

DaVita Medical Florida, Inc.

(Name of Corporation)

P12317

(Document Number of Corporation (if known))

Delaware

(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 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 or conduct affairs in Florida.

The following is a current mailing address for the corporation:

1100 Optum Circle

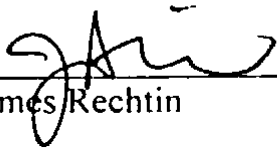
(Mailing Address)

Eden Prairie, MN 55344

(City/ State /Zip)

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2019 AUG -9 AM 9:51  
SECRETARY OF STATE

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

  
James Rehtin

(In the hands of a  
clerk)

08/01/2019

(Date)

James Rehtin

(Typed or printed name of person signing)

Authorized Representative

(Title of person signing)

**FILING FEE \$35**