P23666

(Re	questor's Name)			
. (Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Name)			
(Document Number)				
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SECRETARY OF STATE

WHAPPA



PLEASE RESPOND TO WRITER AT:

Direct Dial: (615) 309-5107 Fax: (615) 376-3447

December 15, 2003

Via Certified Mail - Return Receipt Requested

Florida Department of State Amendment Section P.O. Box 6327 Tallahassec, FL 32314

Hallmark Healthcare Management Corporation - Foreign Withdrawal

Dear Sir or Madam:

Re:

Enclosed please find an application for foreign corporation withdrawal for Hallmark Healthcare Management Corporation and a check in the amount of \$35.00. Please return evidence of the filing to me in the enclosed self-addressed postage-paid envelope.

Please call me at (615) 309-5107 should you have any questions or concerns. Thank you for your assistance.

Very truly yours,

Robin Joi Keck Legal Assistant

Enclosures

/rjk

COMMUNITY

HEALTH

Systems, Inc.

155 Franklin Road

Suite 400

Brentwood, TN

37027-4600

Tel: (615) 373-9600

P.O. Box 217

Brentwood, TN

37024-0217

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Hallmark Healthcare Management Corporation	
(Name of corporation)	
DOCUMENT NUMBER: P23666	
The enclosed withdrawal application and fee are submitte	d for filing.
Please return all correspondence concerning this matter to the following:	
Robin Keck	
(Name of Pers	on)
Community Health Systems, Inc.	-
(Firm/Compar	ny)
155 Franklin Road, Suite 400	
(Address)	·
Brentwood, TN 37027	
(City/State and Zip	o code)
For further information concerning this matter, please call:	
Robin Keck at (615) 309-5107
(Name of Person) (Ar	ea Code & Daytime Telephone Number)
STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines St. Tallahassee, FL. 32399	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

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

Hallmark Healthcare Management Corporation

•		(Name of Corporation)			
P23		- ·			
	(Docume	ent Number of Corporation	(if known)		
Dela	aware	(Incorporated Under Laws	of)		
	ion is no longer transacting b rrenders its authority to transa			of Florida and	hereby
appoints the I	ion revokes the authority of Department of State as its ager thorized to transact business of	nt for service of process	based on a cause of ac		
The following	g is a current mailing address f	•		D3 DEC SECRE	. \$
	155 Franklin Road, Suite 40	0 (Mailing Address)		2 23 23 23 23 23 23 23 23 23 23 23 23 23	. 3222
		(Washing Places)		RY OF STAT	
	Brentwood, TN 37027				التعديدة
		(City/ State /Zip)		RIDA	
The corporation	on agrees to notify the Departs	ment of State in the futu	re of any change in its	mailing addres	s.
Rok (Signatu receiver	re of a director, president or other office or other court appointed fiduciary, by the	r - if in the hands of a hat fiduciary)		<u>03</u>	
Robin J.			Assistant Secretary		
(1y	ped or printed name of person signing)		(Title of perso	m signing)	

FILING FEE \$35