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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone

Fax Number

: (850)678-5368

DISSOLUTION OR WITHDRAWAL HORIZON MENTAL HEALTH MANAGEMENT, INC.

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COVER LETTER

TO: Registration Section Division of Corpora	ations	
SUBJECT:	lorizon Mental Health Mana Name of Plorida Profit Corporation	gement, Inc.
The enclosed Certificate of Profit Corporation into an	f Conversion and fee(s) are submitte "Other Business Entity" in accordan	ed to convert a Florida ace with s. 607.1113, P.S.
Please return all correspond	dence concerning this matter to:	
	Rich, Paralegal	
Waller Lansder	Dortch & Davis LLP	
Firm	d'Company	
	Street, Suite 2700	
•	- tigrets	
	e, TN 37067 to and Zip Code	•
Larry, Starling E-mail address: (to be used	O DSUS plutions, Com	
For further information con	cerning this matter, please call:	
Ann Rich	at (1015)	850 -8745
Name of Contact P	arson Area Code and	Daytime Telephone Number
Enclosed is a check for the	following amount:	
	.75 Filing Fee S43,75 Filing Fee and Certified Copy	\$52.50 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS:	MAYI.TNI	<u> ADDRESS:</u>
Registration Section	Registratio	n Section
Division of Corporations		f Corporations
Clifton Building	P. O. Box	* = * *
2661 Executive Center Circle Tallahassee, FL 32301	ic Taliahasse	e, FL 32314

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

Horizon Menta	l Health Management,				
		(Name of Corporation	n)	_	
	~	÷	,		
	<u> 1733329</u>				
	(Docum	ent Number of Corporation	on (if known)		
					•
Texas		(Incorporated Under Law			
•		(trigosponing chigas max	/# O1)		
This comporation is no clantarily surrenders i	longer transacting b	ousiness or conducting act business or conduc	affairs within the State of Florid t affairs in Florida.	ds and hereby	
his corporation revok	es the authority of it of State as its age:	its registered agent in the service of proces	n Florida to accept service on i	its behalf and ing during the	
me it was authorized t	o transact business	or conduct affairs in Fi	lorida.	•	
he following is a curre	ent moiling address	for the comparation:		•	
no serie work to a conve	art warmed sent-ton .	to the enthances	·	۲.,	444
6649 Carothers	Parkway, Soite 500			Ę	O Se
·		(Mailing Address)		AR AR	SEP 24 AM
`.				\$ \$ £	54
Franklin, TN 37	067				! ' حور
		(City/ State /Zip)		***	
				E ST	. 5
ne comporation agrees t	to notify the Depart	ment of State in the fu	ture of any change in its mailing (address.	Ö
				*	
			9/22/10		
receiver or other con	or, proxident or other office at appointed fiduciary, by	r - if in the hands of a that fiduciary)	(Date)		
		:	,	•	
Christopher L. Hor	ward :		Vice President & Secretary		
	nted name of person signin	18)	(Title of person signification)		
		FILING FEE 535		-	

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