P36655

White Knight Healthcare ®
Precept ®

P.O. Box 2400
370 Airport Road
Arden, NC 28704-2400

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
   (Corporation Name)   (Document #)

2. _____
   (Corporation Name)   (Document #)

3. _____
   (Corporation Name)   (Document #)

4. _____
   (Corporation Name)   (Document #)

- ❑ Walk in
- ❑ Mail out
- ❑ Pick up time _____
- ❑ Will wait
- ❑ Photocopy
- ❑ Certified Copy
- ❑ Certificate of Status

FILED
01 JAN -4 AM 11: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW FILINGS

- ❑ Profit
- ❑ Not for Profit
- ❑ Limited Liability
- ❑ Domestication
- ❑ Other

AMENDMENTS

- ❑ Amendment
- ❑ Resignation of R.A., Officer/Director
- ❑ Change of Registered Agent
- ❑ Dissolution/Withdrawal
- ❑ Merger

OTHER FILINGS

- ❑ Annual Report
- ❑ Fictitious Name

REGISTRATION/QUALIFICATION

- ❑ Foreign
- ❑ Limited Partnership
- ❑ Reinstatement
- ❑ Trademark
- ❑ Other

❑ P36655 2PS
1-4-01
FF Wilk

Examiner's Initials

CR2E031(7/97)

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

WHITE KNIGHT HEALTHCARE, INC.
(Name of Corporation)

PENNSYLVANIA
(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 to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

P.O. BOX 2400
(Mailing Address)

ARDEN, NC 28704
(City/ State /Zip)

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

_____, CEO
Signature of the chairman or vice chairman of the board, president, or any officer.   Title

JOHN SOPCISAK   12/11/2000
Typed or printed name   _Date_