

P22747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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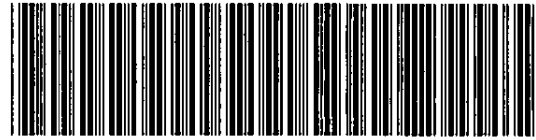
(Business Entity Name)

(Document Number)

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9/13/16*



Writer's Fax No. (855) 642-8325  
Writer's Direct Dial No. (502) 596-7044  
Writer's E-mail: jenny.linnet@kindred.com

August 30, 2016

Secretary of State of Florida  
Amendment Section  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Re: Withdrawal of Foreign Corporation

Dear Sir/Madam:

Enclosed please find a Withdrawal of Foreign Corporation for Gentiva Certified Healthcare Corp. along with the required payment in the amount of \$35.00.

Please forward the file stamped copy of the Withdrawal to the attention of Jenny Linet, Kindred Healthcare, 680 S. Fourth Street, Louisville, KY 40202. I have enclosed a pre-paid envelope as well for your convenience.

If you have any questions, please do not hesitate to give me a call. Thank you for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "Jenny Linet".

Jenny Linet  
Legal Services Specialist

Enclosures

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Gentiva Certified Healthcare Corp.  
(Name of Corporation)

**DOCUMENT NUMBER:** P22747

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

Please return all correspondence concerning this matter to the following:

Jenny Linet  
\_\_\_\_\_  
(Name of Person)

Gentiva Certified Healthcare Corp.  
\_\_\_\_\_  
(Firm/Company)

680 South Fourth Street  
\_\_\_\_\_  
(Address)

Louisville, KY 40202  
\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

Jenny Linet \_\_\_\_\_ at ( 502 ) 596-7044  
(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**

Gentiva Certified Healthcare Corp.  
(Name of Corporation)

P22747  
(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:

680 South Fourth Street  
(Mailing Address)

Louisville, KY 40202  
(City/ State /Zip)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

8/30/14  
(Date)

Joseph Landenwisch  
(Typed or printed name of person signing)

General Counsel & Corporate Secretary  
(Title of person signing)

**FILING FEE \$35**