

16.23 beneatives

December 9, 1996

New York (145 100)19 New 2020 (146 166 16

RE: NATIONAL DIABETIC PHARMACIES OF FLORIDA, INC. (FL. DOM.)

NATIONAL ORTHOPEDIC & REHABILITATION SERVICES,

INC. (AL. DOM)
NEAR, INC. (FL. DOM.)
NETWORK PLUS, INC. (FL. DOM.)

Secretary of State Corporate Records Bureau Division of Corporations 409 East Gaines Street Tallahassee, Fl. 32399

300002038443--1 -12/26/96--01041--016 ******35.00 ******35.00

Dear Sir:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed are 4 checks in the amount of \$35.00each to cover the required filing fee.

Please acknowledge receipt by signing and returning the ericlosed carbon copy of this letter. For your convenience, we enclose stamped self-addressed envelope.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri Senior Supervisor

TA: Ik enclosure PROGET



Florida Department of State, Jim Smith, Secretary of State

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2) or 607.1509, Florida Statues, the		
undersigned,C_T_CORPORATION	y SYSTEM	_ hereby resigns as
(name of re	gistered agent)	
Registered Agent for NATIO	ONAL ORTHOPEDIC & RE	HABILITATION SERVICES, INC.
(name of corporation)		
ORGANIZED UNDER THE LAWS OF T	HE STATE OF	ALABAMA
A copy of this resignation was mailed to the above listed corporation at its last known address. 9200 Shelbyville Rd., Suite 810 Louisville, Ky. 40222 Att: Corp. Secretary		
The agency is terminated and the which the statement was filed.		the 31st day after the date on

FEE FOR FILING THIS DOCUMENT:

\$87.50-Active Corporation \$35.00-Administratively Dissolved Corporation

ASSISTANT SECRETARY

Division of Corporations - P. O. Box 6327 - Tallahassee, FL 32314 CR2E046 (7-90)