382021

C T CORPORATION SYSTEM

1633 BROADWAY

NEW YORK, N. Y. 10019

City/State/Zip

Phone #

800002365538——6 -12/08/97—01081—008 *****35.00 *****35.00 Office Use Only

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

| 1 | | | | |
|------------|--------------------|--------------|--|-------|
| | (Corporation Name) | (Doc | ument #) | |
| 2. | | | | |
| | (Corporation Name) | (Doc | ument #) | 9 |
| 3. | | | | 始色》 |
| | (Corporation Name) | (Doc | ument #) | 200 |
| 4. | | | | 35 HO |
| | (Corporation Name) | (Doc | ument #) | i de |
| | | | en e | 6 |
| Walk in | Pick up time | | Certified Copy | |
| ☐ Mail out | ☐ Will wait | Photocopy | Certificate of State | 16 |
| Man Out | - vim wait | - I hotocopy | Commodie of State | 10 |

| NEW FILINGS | AMENDMENTS |
|-------------------|---------------------------------------|
| Profit | Amendment |
| NonProfit | Resignation of R.A., Officer/Director |
| Limited Liability | Change of Registered Agent |
| Domestication | Dissolution/Withdrawal |
| Other | Merger |

| OTHER PLUNGS |
|-------------------|
| Annual Report |
| Fictitious Name |
| Name Reservation |

| REGISTRATION/: QUALIFICATION: |
|-------------------------------|
| Foreign |
| Limited Partnership |
| Reinstatement |
| Trademark |
| Other |

| 9 18 | DE | C 1 | 2 | 1997 |
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| Examiner's Initials | |
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Florida Department of State, Jim Smith, Secretary of State

Wilder Maria

RESIGNATION OF REGISTERED AGENT

| Pursuant to the provisions of sections 60 | 7.0502(2) or 607.1509, Florida Statues, the |
|--|---|
| undersigned, C T CORPORATION SYST | TICLEDY LESIGNS 45 |
| Registered Agent for | d agent) 1E HEALTH CARE CENTERS, INC. |
| (nan | ne of corporation) |
| ORGANIZED UNDER THE LAWS OF THE STA | TE OF Florida |
| 1850 Parkway Pla Marietta, GA 300 Kim L. Blankensh | 67 |
| | SIGNATURE. ASSISTANT/SECRETARY |

FEE FOR FILING THIS DOCUMENT:

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

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