c)	
- Requester's Name	
2	
Address	
City/Sute/Zie # Phone #	
	Office Use Only

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

-

1(Corporation Name)	(Document #)
2 (Corporation Name)	(Document #) 800003149998-6 -02/23/05-0160-02
3(Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
🔲 Walk in 🛛 Pick up time	Certified Copy
Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
 Profit Not for Profit Limited Liability Domestication Other 	 Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
 Annual Report Fictitious Name 	 Merger REGISTRATION/OUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other
	Examiner's Initials

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 60)7.0502(2), 617.0502(2), 607.1509, or 617.1509,	
Florida Statutes, the undersigned,		-
hereby resigns as Registered Agent for	F.L.C. SARASOTA NURSING PAVILLION, INC. (FL. DOM.) (Name of corporation)	

A copy of this resignation was mailed to the above listed corporation at its last known address. C/O Integrated Health Services, Inc. The Highlands 910 Ridgebrook Road Sparks, MD 21152 Attn: Mark Fulchino. The agency is terminated and the office discontinued on the 31st day after the date on which

this statement is filed.

(Signature of resigning agent)	OO FEB 25 ALLAHASSEE
C T CORPORATION SYSTEM (Typed or Printed Name)	PHI2: 23 PFI2: 23
ASSISTANT SECRETARY	

국는 영향을 잘 감독되었다.

(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

If signing