

Requester's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

493219

Office Use Only

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

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) 400003144894--3  
-02/23/00--01080--012  
\*\*\*\*\*87.50 \*\*\*\*\*87.50
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**

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

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

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

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

FILED  
 00FEB25 PM12:24  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 493219  
 RAR  
 2-2-00

Examiner's Initials

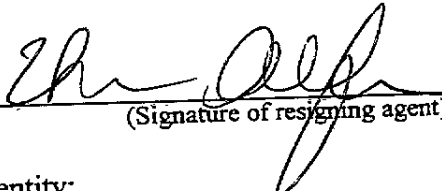
## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, C T CORPORATION SYSTEM  
(Name of registered agent)

hereby resigns as Registered Agent for BRIAR HILL, 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)

If signing on behalf of an entity:

C T CORPORATION SYSTEM  
(Typed or Printed Name)

ASSISTANT SECRETARY  
(Capacity)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 FEB 25 PM 12:24

FILED

### 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