

CT CORPORATION SYSTEM

# 834175

FILED  
02 OCT -3 PM 4:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

1. NME Psychiatric Properties, Inc.

2. NME Psychiatric Hospitals, Inc.

3. NME Properties Corp.

4. NME Properties Inc.

*Withdrawal*

5. NME New Beginnings - Western, Inc.

6. NME Management Services, Inc.

500008177215--9

-10/03/02--01041--005

\*\*\*\*\*35.00 \*\*\*\*\*35.00

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input checked="" type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner *ASR*  
Updater *ASR*  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

10/3/02

Order#: 5622684

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

RECEIVED  
02 OCT -3 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL  
OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS  
IN FLORIDA**

NME Properties, Inc. d/b/a in Florida as NME Properties of Delaware, Inc.  
(Name of Corporation)

Delaware  
(Incorporated Under Laws Of)

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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.

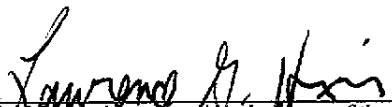
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

3820 State Street  
(Mailing Address)

Santa Barbara, CA 93105  
(City/ State /Zip)

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

	Vice President
Signature of the chairman or vice chairman of the board, president, or any officer, or if the corporation is in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary.	Title
Lawrence G. Hixon	September 30, 2002
Typed or printed name	Date