

CT CORPORATION

# 841073

CORPORATION(S) NAME

1. Manor Living Centers, Inc.
2. Heartland CarePartners, Inc.
3. Medical Aid Training Schools, Inc.
4. ManorCare Health Services of Plantation, Inc.

*Withdrawal*

02 MAY 24 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

02 MAY 24 PM 12:49  
RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment                                 | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit           | <input checked="" type="checkbox"/> Dissolution/ <u>Withdrawal</u> | <input type="checkbox"/> Mark               |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Reinstatement                             | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report                             | <input type="checkbox"/> Change of RA       |
| <input type="checkbox"/> LLC                 | <input type="checkbox"/> Name Registration                         | <input type="checkbox"/> UCC                |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Fictitious Name                           | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Photocopies         | <input type="checkbox"/> Call When Ready                           | <input type="checkbox"/> Call If Problem    |
| <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 5/24/02 5/24/02  
 Availability 5/24/02  
 Document MS  
 Examiner [Signature]  
 Updater [Signature]  
 Verifier \_\_\_\_\_  
 W.P. Verifier \_\_\_\_\_

Order#: 5367547  
 200005610512--3  
 -05/24/02--01050--009  
 Ref#: \*\*\*\*\*35.00 \*\*\*\*\*35.00

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

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**

Medical Aid Training Schools, Inc.  
(Name of Corporation)

Delaware  
(Incorporated Under Laws Of)

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:


333 North Summit Street

(Mailing Address)

Toledo, OH 43604

(City/ State /Zip)

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

 Assistant Secretary  
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

David K. Nees  
Typed or printed name

May 7, 2002  
Date