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|----------------------------------|--|---------------|-----------|--------------|----------------------------------|
| THE UNITED STATES<br>CORPORATION |  |               |           |              |                                  |
| COMPANY                          | ACCOUNT NO.  | : 0721        | 00000032  |              |                                  |
|                                  | REFERENCE  | : 5343        |           | 28257        |                                  |
|                                  | AUTHORIZATION  | :             | atricia   | Tagetts      |                                  |
|                                  | COST LIMIT   | : \$35        | .00       | <i>'''</i> ' |                                  |
| ORDER DATE :                     | September 18, 19   | 97            |           |              |                                  |
| ORDER TIME :                     | 10:49 AM   |               |           |              |                                  |
| ORDER NO. :                      | 534332-005   |               |           |              |                                  |
| CUSTOMER NO:                     | 5028257  |               | 50        | 0002         | 2974351                          |
| Mag<br>341<br>Sui                | Michelle H. Anc<br>ellan Health Ser<br>4 Peachtree Rd.,<br>te 1400<br>anta, GA 30326 | vices, I      | nc.       |              | 97<br>TÄLL                       |
|                                  | FOREIGN F  | <u>ILINGS</u> |           |              | SEP 18 PH                        |
| NAME:                            | SCHIZOPHRENIA<br>REHABILITATIO   |               | NT AND    |              | 3:39                             |
| PROFIT NON-PROF                  | 'IT  |               | CORPORAT  | _            | SHIP                             |
| XXXX WITHDRAWAL/CANCELLATION     |  |               |           |              | R E<br>97 SEP<br>Vision c        |
| PLEASE RETURN                    | THE FOLLOWING AS   | PROOF C       | F FILING: |              | 18<br>10<br>10                   |
| CERTIF                           | TIED COPY<br>STAMPED COPY<br>TICATE OF GOOD ST                                       |               |           |              | CEIVED 18 PH 2:45 0F CORPORATION |
|                                  |  | ,             | 21,9      | ,            | n                                |

CONTACT PERSON: Deborah Schroder

119 John High awal

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA M Schizophrenia Treatment and Rehabilitation, Inc. (Name of Corporation) Georgia (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 to which the Department of State may mail a copy of any process against this corporation that may be served on the Department. 3414 Peachtree Road, N.E. (Mailing Address) Atlanta Georgia 30326 (City/State/Zip) Attn: General Counsel The corporation agrees to notify the Department of State in the future of any change in its mailing address. President Signature Title

Typed or printed name

<u>September 15.</u>

Date