

**F95000005524**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

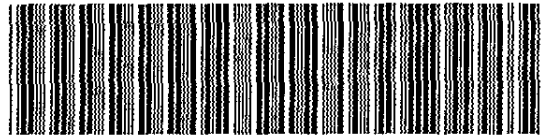
(Business Entity Name)

(Document Number)

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*F95000005524*  
*FWW*  
*12-4-02*  
*OK*



December 2, 2002

**VIA EXPRESS MAIL**

Florida Department of State  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Brian Center Health & Rehabilitation/Tampa, Inc.  
Mariner Health of Seminole County, Inc.  
Mariner Health Resources, Inc.  
Mariner Physician Services, Inc.  
Mariner Practice Corporation  
Mariner-Regency Health Partners, Inc.  
Med-Therapy Rehabilitation Services, Inc.  
Pinnacle Rehabilitation, Inc.  
Prism Health Group, Inc.  
Prism Hospital Ventures, Inc.  
Prism Rehab Systems, Inc.

Dear Sir or Madam:

Enclosed for filing please find completed form transmittal letters, withdrawal applications and filing fees for each of the entities mentioned above.

Please note that I have included an extra copy of each filing and a self-addressed stamped envelope so that file-endorsed copies could be returned to me.

Should you have any questions or comments regarding the enclosed, please do not hesitate to contact me at 678-443-6704.

Sincerely,

Dora M. Henderson  
Paralegal

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Brian Center Health & Rehabilitation/Tampa, Inc.  
(Name of corporation)

DOCUMENT NUMBER: \_\_\_\_\_

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this  
matter to the following:

Dora Henderson  
(Name of Person)

Mariner Health Care  
(Firm/Company)

One Ravinia Drive, Suite 1500  
(Address)

Atlanta, GA 30346  
(City/State and Zip code)

For further information concerning this matter, please call:

Dora Henderson at ( 678 ) 443-6704  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL. 32399

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

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

Brian Center Health & Rehabilitation/Tampa, Inc.  
(Name of Corporation)

Alabama  
(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.

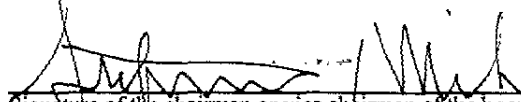
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

One Ravinia Drive, Suite 1500  
(Mailing Address)

Atlanta, GA 30346  
(City/ State /Zip)

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

  
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.

Secretary  
Title

Stefano M. Miele  
Typed or printed name

12/2/02  
Date

02 DEC -4 AM 10:09  
SECRETARY OF STATE  
ALABAMA  
FLORIDA

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