

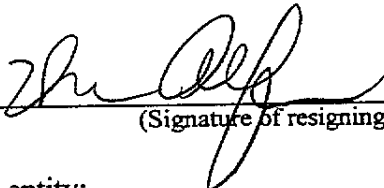
RESIGNATION OF REGISTERED AGENT

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 HCPIII HILLSBOROUGH, 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)

FILED
00 FEB 25 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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