

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

Corporation Name)	(Document #)
Corporation Name)	(Document #) <b>60003144926—-1</b> -02/23/0001080027 *****87,50 *****87.50
(Corporation Name)	(Document #)
4(Corporation Name)  Walk in Pick up time	(Document #)  Certified © Copy
☐ Mail out ☐ Will wait	Photocopy
NEW FILINGS  Profit Not for Profit	AMENDMENTS  Amendment  Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
☐ Domestication	Dissolution/Withdrawal
☐ Other  OTHER FILINGS  Annual Report Fictitious Name	Merger  REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other
	U Other

Examiner's Initials



## 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
ASSISTANT SECRETARY  (Capacity)

## 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