

F96000004251

CORPORATION(S) NAME

FILED
MAY 24 PM 3:49
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

Withdrawal

- | | | |
|--|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | <input checked="" type="checkbox"/> Dissolution/Withdrawal | <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 | | |

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

Name _____

Availability 5/24/02

Document AR

Examiner _____

Updater _____

Verifier _____

W.P. Verifier _____

5/24/02

we

Order#: 5367547

000005610510--9

-05/24/02--01050--008

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**

Heartland CarePartners, Inc.

(Name of Corporation)

Ohio

(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:

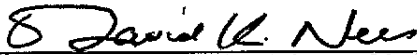
333 North Summit Street

(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

May 7, 2002

Typed or printed name

Date

FILED
02 MAY 24 PM 3:43
TALLAHASSEE FLORIDA
SECRETARY OF STATE