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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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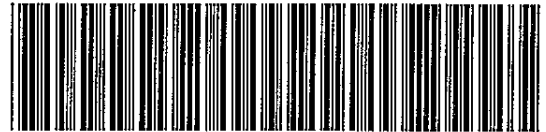
(Business Entity Name)

(Document Number)

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03/17/03--01030--007 **35.00

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03 MAR 17 PM 4:28
STATE
TALLAHASSEE, FLORIDA

PS 3/21/03
withhold all



March 10, 2003

VIA EXPRESS MAIL

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

Re: MarinerSelect Staffing Solutions, Inc.

Dear Sir or Madam:

Enclosed for filing please find a completed form transmittal letter, withdrawal application and 35.00 filing fee for the entity mentioned above.

Please note that I have included an extra copy of the filing and a self-addressed stamped envelope so that a file-endorsed copy 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: MarinerSelect Staffing Solutions, 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, Inc.
(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**

MarinerSelect Staffing Solutions, Inc.
(Name of Corporation)

Delaware

(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.

Wynn G. Sims

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.

Assistant Secretary

Title

Wynn G. Sims

Typed or printed name

3/10/03

Date

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MAR 17 PM 4:28
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA