

F98000004853

CT CORPORATION SYSTEM

111 Eighth Avenue
New York, NY 10011
Tel. 212-894-8940
Fax 212-590-9180

April 3, 2000

RE: HOME MEDICAL OF AMERICA, INC.
D/B/A HMA
NHC, INC.
D/B/A NHC, INC. OF DELAWARE

(DE. DOM.)

(DE. DOM.)

Secretary of State
Corporate Records Bureau
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

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-04/05/00--01084--009
*****87.50 *****87.50


Dear Sir:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed are 2 checks in the amount of \$87.50 each to cover the required filing fee.

Please acknowledge receipt by signing and returning the enclosed copy of this letter. For your convenience, we enclose a stamped self-addressed envelope.

Very truly yours,

CT CORPORATION SYSTEM


Theresa Alfieri
Senior Supervisor &
Assistant Secretary

TA:hm
Enclosure

FILED
00 APR -7 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Spayne
4/14/00

FILED

00 APR -7 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


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)
HOME MEDICAL OF AMERICA, INC. (DE. DOM.)

hereby resigns as Registered Agent for _____
(Name of corporation)

A copy of this resignation was mailed to the above listed corporation at its last known address.
PO Box 5050 Cherry Hill, NJ 08034-5050
Attn: Martin Goldman CPA/Director of Tax
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)

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