

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

	MENT NUMBER(S), (II KNOWN):
1.	
(Corporation Name)	(Document #)
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(Corporation Name)	(Document #)
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(Corporation Name)	(Document #)
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(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time _	Certified Copy
☐ Mail out ☐ Will wait	Photocopy
NEW FILINGS	AMENDMENTS
☐ Profit	☐ Amendment
Not for Profit	Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
☐ Other	Merger B B C
OTHER FILINGS	REGISTRATION/QUALIFICATION S
Annual Report	Foreign Limited Partnership Reinstatement Trademark Other
Fictitious Name	Limited Partnership
	Reinstatement
	Trademark 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 CORPORATI	ION SYSTEM
CENTRAL PARK	Name of registered agent) K LODGES (TARPON SPRINGS), INC. (FL. DOM.)
hereby resigns as Registered Agent for	EGRATED HEALTH SERVICES AT TARPON SPRINGS
noted for the same of the same	(Name of corporation)
A copy of this resignation was mailed to the above lister C/O Integrated Health Services, Inc. The Higher The agency is terminated and the office discontinued of this statement is filed.	rhlands 910 Ridgebrook Road
Re Old	ALL.
(Signature of resigning on behalf of an entity:	ng agent) RETARY OF AHASSEE, F
C T CORPORATION (Typed or Printed)	SYSTEM STATE OF TO STAT
ASSISTANT SECRETA	ARY
(Capacity)	rain a

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