Division of Corporations

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Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : HODGSON RUSS LLP

Account Number : 072720000242 Phone : (716)848-1371

Fax Number : (716)849-0349

AUG 25 AM 8: 01 CRETARY OF STATE EAHASSEE FLORID

REGISTERED AGENT RESIGNATION

VAN CARE CENTERS, INC.

Certificate of Status	0
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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, HRAWG CORP.
(Name of Registered Agent)
hereby resigns as Registered Agent forVAN CARE CENTERS, INC.
(Name of Corporation)
L18580 (Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31 st day after the date on which this statement is filed.
(Signature of Resigning Agent) If signing on behalf of an entity: David M. Stark (Typed or Printed Name)

Make checks payable to Florida Department of State and mail to: .

Division of Corporations
P.O. Sox 6327
Tailahassee, FL 32314

withdrawn corporation

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