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To: Division of Corporations Fax Number : (850)617-6383 from: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 : (614)573-3996 Phone : (954)208-0845 Fax Number LLC DISSOLUTION OR WITHDRAWAL LONG TERM CARE INSTITUTE OF ST. PETERSBURG, LLC Certificate of Status Û Certified Copy 02 Page Count \$25.00 Estimated Charge

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From: Lexus Wingo

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LONG TERM CARE INSTITUTE OF ST. PETERSBURG, LLC	
(Name of limited liability company)	
DELAWARE	
(Jurisdiction of its organization)	
04/16/2004	
(Date registered with Florida Department of State)	
M04000004073	
(Florida Document Number)	abuma manangi kadhayina du. 6. di dikini rashin selim 1961 dina dilimbang
This limited liability company is withdrawing its certificate of authority in thi	s state,
Effective Date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to comore than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory this date will not be listed as the document's effective date on the Department	late of filing or liling requirements,
-And Bella	. 22
(Signature of authorized representative)	·
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(Typed or printed name of signee)	1.2
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