

Requester's Name

Address

City/State/Zip

Phone #

M 72633

Office Use Only

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

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

100003144891--2  
-02/23/00--01080--011  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- Walk in
- Pick up time \_\_\_\_\_
- Mail out
- Will wait
- Photocopy
- Certified Copy
- Certificate of State

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FEB 25 PM 12: 25  
**FILED**

*Handwritten notes:*  
02-23-00  
2-25-00  
2-25-00  
2-25-00

Examiner's Initials

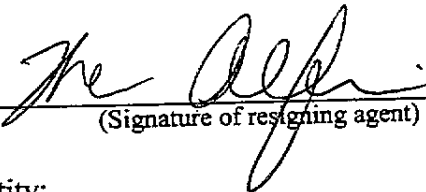
## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, C T CORPORATION SYSTEM  
(Name of registered agent)

hereby resigns as Registered Agent for BETHAMY LIVING CENTER MANAGEMENT COMPANY (FL. DOM.)  
(Name of corporation)

A copy of this resignation was mailed to the above listed corporation at its last known address.  
C/O Integrated Health Services, Inc. The Highlands 910 Ridgebrook Road  
Sparks, MD 21152 Attn: Mark Fulchino  
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)

FILED  
00 FEB 25 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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