

Mar. 6. 2013 10:16AM

Division of Corporations

Gray Robinson

No. 209

Page 1 of 1

P03000152336

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (350) 617-6380

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407) 843-8880
Fax Number : (407) 244-5690

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: PLAW@GRAY-ROBINSON.COM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REGISTERED AGENT RESIGNATION

LAKE BENNETT HEALTH AND REHABILITATION CENTER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Drs
RA Resign

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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MAR 6 2013

T. LEWIS

H13000052121 3

**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, **WILLIAM A. BOYLES**

(Name of Registered Agent)

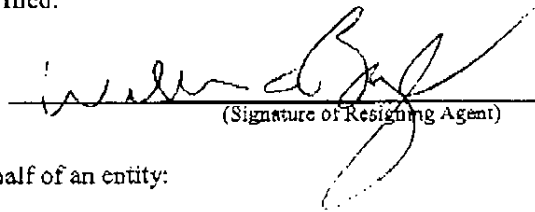
hereby resigns as Registered Agent for **LAKE BENNETT HEALTH AND REHABILITATION CENTER, INC.**
(Name of Corporation)

P03000152336

(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 31st day after the date on which
this statement is filed.


(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Fee for filing this document:

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

H13000052121 3

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