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1633 Broadv COR New York, NY 100	•		0002912455- -06/22/99010660 *****35.00 . *****3 fice Use Only
1. (Corpo	ration Name)	(Document #)	99 7ALL
(Corpo	ration Name)	(Document #)	JUN 22
4	ration Name)	(Document #) (Document #)	AM II: O4
	· .	Certified	DA .
NEW FILINGS	AMENDMENT	S	
Profit	Amendment		
NonProfit	Resignation of R.A.,	Officer/ Director	
Limited Liability	Change of Registere	l Agent	
Domestication	Dissolution/Withdra	wal	
Other	Merger		
OTHER FILINGS Annual Report Fictitious Name	REGISTRAT QUALIFICA Foreign		
Name Reservation	Limited Partnership		
	Reinstatement		
	Trademark		

Other

Examiner's Initials



Florida Department of State, Jim Smith, Secretary of State

99 JUN 22 AM II: 04
SECRE PASSEE, FLORIDA
TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2) or 607.1509, Florida Statues, the

undersigned, CTCO	ame of registered agent)	hereby resigns as
Registered Agent for	SOUTHLIFE HEALTHCARE	
	(name of corpo	ration)
ORGANIZED UNDER THE I	LAWS OF THE STATE OF	FLORIDA
address. P.O. Box 1803	159 Fort Smith, AR. 729	isted corporation at its last known
_		
Attn: Connie Anderson		
Attn: Connie Anderson	n	
Attn: Connie Anderson	n d and the office discontinue	d on the 31st day after the date or
Attn: Connie Anderson The agency is terminated	n d and the office discontinue	
Attn: Connie Anderson The agency is terminated	n d and the office discontinue	
Attn: Connie Anderson The agency is terminated	n d and the office discontinue	

FEE FOR FILING THIS DOCUMENT:

\$87.50-Active Corporation \$35.00-Administratively Dissolved Corporation