95000080227 Theresa Alfieri Requester's Name ______, (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in Pick up time _ Certified Con Photocopy Mail out Certificate of Will wait **NEW FILINGS AMENDMENTS** ☐ Profit ☐ Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger **OTHER FILINGS** Annual Report ☐ Foreign ☐ Fictitious Name Limited Partnership Reinstatement Trademark

Other

CR2E031/7/97)

Examiner's Initials

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 60	07.0502(2), 617.0502(2), 607.1	509, or 617.1509,
	C T CORPORATION SYSTEM (Name of registered	
hereby resigns as Registered Agent for	HCPIII WOODBRIDGE, INC.	
Hereby lesigns as registered rights for	(Name of corporat	ion)
A copy of this resignation was mailed to C/O Integrated Health Service Sparks, MD 21152 Attr. The agency is terminated and the office this statement is filed.	o the above listed corporation a ces, Inc. The Highlands 91 a: Mark Fulchino e discontinued on the 31st day a	t its last known address. O Ridgebrook Road fter the date on which
	gnature of resigning agent)	
If signing on behalf of an entity:	V	FEB 25 UKETARY LAHASSI
	CORPORATION SYSTEM	EQRIM
	Typed or Printed Name)	D STATE FLORID
ASSIS	STANT SECRETARY	. A>
	(Capacity)	•

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