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BOARD CERTIFIED CITY, COUNTY &
LOCAL GOVERNMENT LAWYER

DBOARD CERTIFIED TAX LAWYER

April 11, 2005

Via Certified Mail

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

Community Healthcare of Broward, Inc.

Dear Sir or Madam:

Please find enclosed an original Resignation of Registered Agent for a corporation for the above-referenced corporation. Also enclosed is our Firm's check in the amount of \$87.50 in payment of the filing fee.

Thank you for your assistance with this matter.

Very truly yours,

DAVID F. HANLEY

DFH:skg **Enclosures**

Community Healthcare of Broward, Inc. (via certified mail) G:\wpfiles\clients\Communit.hea\Corresp\Florida Department of State.doc

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, Michael J. McNerney
(Name of Registered Agent)
hereby resigns as Registered Agent for Community Healthcare of Broward, Inc.
(Name of Corporation)
P96000024546
(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)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation SECRETARY OF STATE

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

(Capacity)