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March 8, 1999

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*****35.00 *****35.00

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Subject: Cleveland Clinic Florida Health Network, Inc.

Dear Madam/Sir:

Enclosed please find an original and one copy of the Resignation of Registered Agent together with a check in the amount of \$35 for payment of the recording fee for the subject company. Please return a filed stamped copy to my attention in the envelope provided.

Very truly yours,

Marla Refice
Marla Refice
Legal Assistant

Enclosures

Copy: Paul Gallese
John M. Kirsner
Colleen Shannon

NA Kirsner

TLL MAR 11 1999

Bratislava . Brussels . Budapest . Cleveland . Houston . Jacksonville . Kyiv . London
Madrid . Miami . Moscow . New York . Phoenix . Prague . Washington

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
99 MAR 11 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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, Corporation Service Company
(Name of registered agent)
hereby resigns as Registered Agent for Cleveland Clinic Florida Health Network, Inc.
(Name of corporation)

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.

Maureen Cullen
(Signature of resigning agent)

If signing on behalf of an entity:

CORPORATION SERVICE COMPANY

By: MAUREEN CULLEN
(Typed or Printed Name)

ASSISTANT VICE-PRESIDENT
(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