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SALVATORE VERINI
ADMINISTRATIVE DIRECTOR

January 24, 2000

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

100003111211--2
-01/26/00--01063--007
*****87.50 *****87.50

Re: Resignation of Registered Agent

Gentlemen:

On behalf of John E. Bodden, M.D., who resigned as Registered Agent for Sample Road Rehabilitation Center, Inc., effective May 13, 1999, enclosed herewith for filing with your office are:

- (1) Resignation of Registered Agent executed by John E. Bodden, M.D.;
- (2) Copy of letter, dated December 28, 1999, from the Corporation, acknowledging that the effective date of resignation was May 13, 1999.

A copy of said statement and correspondence, along with a copy of this letter, has been sent to the Corporation at its principal office address.

Also enclosed is my law firm's check, payable to the Florida Department of State, in the amount of \$87.50 in payment of the filing fee.

Sincerely,



CHARLES M. PRINCE

CMP:jar
Encls.

Cc: Sample Road Rehabilitation Center, Inc.

FILED
00 JAN 28 PM 2:40
TALLAHASSEE, FLORIDA
P97000040102
285 QAR Res
1-28-00

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, John E. Bodden, M.D.
(Name of registered agent)

hereby resigns as Registered Agent for Sample Road Rehabilitation Center, Inc.
(Name of corporation)

440 E. Sample Road, Suite 103
Pompano Beach, Florida 33064

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~~ was terminated on May 13, 1999 (see attached correspondence
from Corporation dated December 28, 1999, acknowledging resignation,
effective May 13, 1999).

John E. Bodden M.D.
(Signature of resigning agent) John E. Bodden M.D.

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

FILED
00 JUN 28 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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