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FROM THE DESK OF  
H. DARRELL WHITE  
e-mail: dwhite@mcfarlain.com

November 23, 1998

Department of State  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

300002695453--4  
-11/24/98--01052--024  
\*\*\*1050.00 \*\*\*\*\*87.50

VIA HAND DELIVERY

Resignation of  
RA

Re: Resignation(s) of Registered Agent

In Re Arch Creek Healthcare, Inc.; Chartwell Healthcare of Florida, Inc.;  
Chartwell Healthcare Services of Florida, Inc.; Holly Point Healthcare, Inc.;  
Jackson Manor Healthcare, Inc.; Jupiter Healthcare, Inc.;  
Manhattan Healthcare, Inc.; Oakwood Terrace Healthcare, Inc.;  
Palmetto Sub-Acute Care, Inc.; Pensacola Healthcare, Inc.;  
Ponce de Leon Healthcare, Inc.; Product Systems of Florida, Inc.;  
ProPersonnel of Florida, Inc.; Snapper Healthcare, Inc.  
& U.S.A. Pharmacy of Florida, Inc.

FILED  
98 NOV 24 PM 4:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Ladies/Gentlemen:

Enclosed for filing please find 15 Resignations of Registered Agent for the above entities.

I would like to pick up a date-stamped copy of each of these showing the date and time of filing. Please call me at 222-2107 when these are ready.

Thank you for your assistance.

Sincerely,

H. Darrell white

HDW/ca

Enclosures (15 Resignations + 1 copy of each)

cc: Irving D. Boyes  
16910 Dallas Parkway; Suite 200  
Dallas, TX 75248

Michael D. Hesse, Esq.

PR 11/24/98  
If any problems  
Please call Carol Allen  
222-2107  
Call when ready

## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of Section 607.0502(2), Florida Statutes (1997), the undersigned, **H. Darrell White, Jr.**, hereby resigns as Registered Agent for **Pensacola Healthcare, Inc.**

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.

H. Darrell White, Jr.  
(Signature of resigning agent)

Date: 11/23/98

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

Date: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Fee for filing this document:**

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation