## Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)922-4000

From: Nery C. Toledo, Legal Assistant

: AKERMAN, SENTERFITT & EIDSON, P.A Account Name Account Number : 075471001363

: {305}374-5600 Phone

: (305)374-5095 Fax Number

REGISTERED AGENT RESIGNATION

MIAMI DADE HEALTH & REHABILITATION SERVICES, INC.

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December 13, 2000

MIAMI DADE HEALTH & REHABILITATION SERVICES, INC. 2600 W. FLAGLER ST. MIAMI, FL 33135

SUBJECT: MIAMI DADE HEALTH & REBABILITATION SERVICES, INC.

REF: P98000098362

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Darlene Connell Corporate Specialist FAX Aud. #: H00000064958 Letter Number: 500A00062896

## RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 6		
Florida Statutes, the undersigned, American Information Services, Inc. (Name of registered agent)		
hereby resigns as Registered Agent for Miami Dade Health & Rehabilitat (Name of corporation)	ion Services	s, Ind
A copy of this resignation was mailed to the above listed corporation at its last kr	iown address.	
The agency is terminated and the office discontinued on the 31st day after the dat this statement is filed.	e on which	
American Information Services, Inc.		
By: Des C. Signature of resigning agent)  If signing on behalf of an entity:		
Nery C. Toledo	=	
(Typed or Printed Name)	OO DEC	
Assistant Secretary		*********
(Capacity)  Fee for filing this document:	OO DEC 14 PM 12: 28 SECRETARY OF STATE LLAHASSEE, FLORIDA	
\$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

CR2E046(9/98)