

Office Use Only

**Examiner's Initials** 

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. 2.	(Corporation Name)  (Corporation Name)	(Document #)  (Document #)  300031443231 -02/23/0001080024
3.	(Corporation Name)	(Document #) ***********************************
4.	(Corporation Name)  Walk in Pick up time  Mail out Will wait	(Document #)  Certified Copy  Photocopy  Certificate of Status
	NEW FILINGS  Profit  Not for Profit  Limited Liability  Domestication  Other	AMENDMENTS  Amendment  Resignation of R.A., Officer/Directors  Change of Registered Agent  Dissolution/Withdrawal  Merger
	OTHER FILINGS	REGISTRATION/QUALIFICATION
	☐ Annual Report ☐ Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

## 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, C T CORPORATION SYSTEM (Name of registered agent)
GAINESVILLE HEALTH CARE CENTER, INC. (FL. DOM.)  hereby resigns as Registered Agent for D/B/A SUNBRIDGE CARE & REHABILITATION FOR GAINESVILLE (Name of corporation)
A copy of this resignation was mailed to the above listed corporation at its last known address.  C/O Integrated Health Services, Inc. The Highlands 910 Ridgebrook Road  Sparks, MD 21152 Attn: Mark Fulchino 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)  C T CORPORATION SYSTEM  (Typed or Printed Name)
ASSISTANT SECRETARY
(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