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Holland & Knight LLP
Requestor's Name

315 S. Calhoun St.
Address

Tallahassee, Fl. 32301 425-5686
City/State/Zip Phone #

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

1. OCALA Healthcare Associates, Inc.
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<input checked="" type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
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C. COULLIETTE OCT 25 1999

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Florida Department of State,

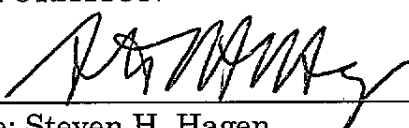
RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, **INTRASTATE REGISTERED AGENT CORPORATION** hereby resigns as Registered Agent for **Ocala Healthcare Associates, 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 of which this statement is filed.

INTRASTATE REGISTERED AGENT
CORPORATION

By: 
Name: Steven H. Hagen
Title: Vice President

Date: 10/22/99

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FEE FOR FILING THIS DOCUMENT:

\$87.50 - Active Corporation

\$35.00 - Administratively Dissolved Corporation

Division of Corporations - P.O. Box 6327 - Tallahassee, FL 32314