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MCFARLAIN, WILEY, CASSEY & JONES
PROFESSIONAL ASSOCIATION

CHRISTOPHER BARKAS
MARSHALL R. CASSEY, Retd.
ROGELIO FONTELA
DOUGLAS P. JONES
TERRELL C. MADIGAN
HAROLD R. MARDENBOROUGH, JR.
RICHARD C. McFARLAIN
ROBERT A. McNEELY
CHARLES A. STAMPELOS
H. DARRELL WHITE, JR.
WILLIAM B. WILEY

215 SOUTH MONROE STREET, SUITE 600
POST OFFICE BOX 2174
TALLAHASSEE, FLORIDA 32316-2174

TELEPHONE (850) 222-2107
TELECOPIER (850) 222-8475

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

800002695448--9
-11/24/98--01052--024
1050.00 **35.00

VIA HAND DELIVERY

Re: Resignation(s) of Registered Agent

Resignation

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
NOV 24 PM 3 38
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
H. Darrell white

Enclosures (15 Resignations + 1 copy of each)

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

Michael D. Hesse, Esq.

RECEIVED
NOV 24 AM 11:15
DIVISION OF CORPORATIONS
HDW/ca

*If any problems
please call Coral 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 **Oakwood Terrace 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

FILED
98 NOV 24 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

Date: _____

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved corporation