

Requester's Name

Address

City/State/Zip

913254

Office Use Only

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

1. \_\_\_\_\_ (Corporation Name) (Document #)

2. \_\_\_\_\_ (Corporation Name) (Document #)

3. \_\_\_\_\_ (Corporation Name) (Document #)

300003144923--1  
-02/23/00--01080--024  
\*\*\*\*\*97.50 \*\*\*\*\*87.50

4. \_\_\_\_\_ (Corporation Name) (Document #)

- Walk in
- Pick up time \_\_\_\_\_
- Certified Copy
- Mail out
- Will wait
- Photocopy
- Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
00 FEB 25 PM 12:23

FILED

*Handwritten notes:*  
at 5:25 PM  
2-25-00  
288

Examiner's Initials

**RESIGNATION OF REGISTERED AGENT**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

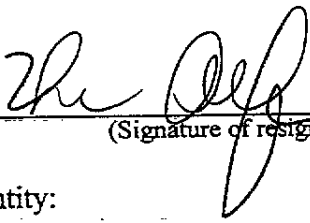
Florida Statutes, the undersigned, C T CORPORATION SYSTEM  
(Name of registered agent)

hereby resigns as Registered Agent for GAINESVILLE HEALTH CARE CENTER, INC. (FL. DOM.)  
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.

00 FEB 25 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

  
(Signature of resigning agent)

If signing on behalf of an entity:

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**