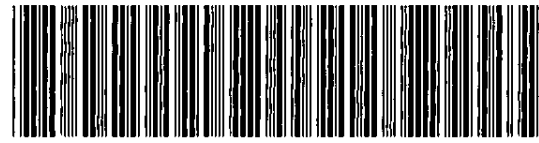


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04/29/08--01034--025 ++52.50

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

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D. BRUCE
MAY 07 2008
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cape Coral Developmental Center, Ltd.
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Frederick J. Mills
(Contact Person)
Morrison & Mills, P.A.
(Firm/Company)
1200 W. Platt Street, Suite 100
(Address)
Tampa, Florida 33606
(City, State and Zip Code)

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For further information concerning this matter, please call:

Frederick J. Mills at (813) 258-3311
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$52.50 Filing Fee
- \$61.25 Filing Fee and Certificate of Status
- \$105.00 Filing Fee and Certified Copy
- \$113.75 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**CERTIFICATE OF DISSOLUTION
FOR**

Cape Coral Developmental Center, Ltd.

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Document # 14770
Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 12/23/1991, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: (State why partnership is submitting dissolution)

partnership has sold its sole asset and liquidated the partnership

SECOND: A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: 4/25/08

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:
National Health Care Services, Inc., its general partner

By: *X* Howard Weston, President

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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TALLAHASSEE, FLORIDA

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