(Re	equestor's Name)	
(110	questor s riame,	
(Ad	ldress)	
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(Ad	ldress)	-
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(D-	cument Number)	
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Certified Copies	Certificates	of Status
	-	
Special Instructions to	Filing Officer:	

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 473052 7864759

AUTHORIZATION : Julie 1000

COST LIMIT : \$\52\50

ORDER DATE: January 20, 2017

ORDER TIME : 1:32 PM

ORDER NO. : 473052-005

CUSTOMER NO: 7864759

FOREIGN FILINGS

NAME: PUNTA GORDA MEDICAL INVESTORS

LIMITED PARTNERSHIP

CORPORATE
LIMITED PARTNERSHIP
LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER:

COVER LETTER

TO: Registration Section **Division of Corporations** SUBJECT: Punta Gorda Medical Investors Limited Partnership (Name of Foreign Limited Partnership or Limited Liability Limited Partnership) The enclosed Notice of Cancellation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Joan E. Thurmond (Contact Person) Life Care Centers of America, Inc. (Firm/Company) 3570 Keith Street, NW (Address) Cleveland, TN 37312 (City, State and Zip Code) For further information concerning this matter, please call: at (423)473-5868

(Area Code and Daytime Telephone Number) Joan E. Thurmond (Name of Contact Person) Enclosed is a check for the following amount: \$52.50 Filing Fee \$61.25 Filing Fee ■ \$105.00 Filing Fee \$113.75 Filing Fee, and Certified Copy Certified Copy, and and Certificate of Status Certificate of Status STREET ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations**

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

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

NOTICE OF CANCELLATION FOR FOREIGN LIMITED PARTNERSHIP OR



LIMITED LIABILITY LIMITED PARTNERSHIP

Punta Gorda Medica	al Investors Limited Partnership
(Name of for	reign limited partnership or limited liability limited partnership)
A08835	
(Florida	a Document Number of the Foreign LP or LLLP)
Tennessee	
	(Jurisdiction of formation)
4/17/90	
(D	ate authorized to transact business in Florida)
•	rship or limited liability limited partnership is no longer rida and wishes to cancel its certificate of authority pursuant to
	orida Department of State as its agent for service of process for of the transaction of business in this state.
Effective date, if other than (Effective date cannot be prior to Department of State.)	n the date of filing: upon filing o nor more than 90 days after the date this document is filed by the Florida
	d in this block does not meet the applicable statutory filing I not be listed as the document's effective date on the rds.
Signature of a general parts Punta Gorda Medical Inv	ner: estors Limited Partnership
By: Developers Investm	ent Company, Inc., corporate general partner
Typed or printed name:	umond
Filing Fee:	\$52.50

\$52.50

\$8.75

Certified Copy (optional):

Certificate of Status (optional):