

A17569

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H120002729613)))



H120002729613ABC/

NOV 20 2012

L. SELLERS

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RE-SUBMIT

Please retain original filing
date of submission 11/16

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

**DISS/TERM/CANCEL/REV OF LP/LLP
SARASOTA SURGERY CENTER, LTD.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$52.50

Arrn: Leslie
Sellers

RECEIVED
12 NOV 19 AM 6:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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12 NOV 16 AM 9:56
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TALLAHASSEE, FLORIDA



November 19, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SARASOTA SURGERY CENTER, LTD.
3000 RIVERCHASE GALLERIA
SUITE 500
BIRMINGHAM, AL 35244

SUBJECT: SARASOTA SURGERY CENTER, LTD.
REF: A17569

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The certificate of dissolution and the statement of termination must be filed separately with each submitting its own coversheet as well.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Leslie Sellers
Regulatory Specialist II

FAX Aud. #: H12000272961
Letter Number: 112A00027810

P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sarasota Surgery Center, Ltd.
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Darryl Jacks
(Contact Person)

Surgical Care Affiliates, LLC
(Firm/Company)

3000 Riverchase Galleria, Suite 500
(Address)

Birmingham, AL 35244
(City, State and Zip Code)

For further information concerning this matter, please call:

Darryl Jacks at (205) 545-2738
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee
and Certificate of
Status | <input type="checkbox"/> \$105.00 Filing Fee
and Certified Copy | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION
FOR**

Sarasota Surgery Center, Ltd.

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

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 8/1/1984, assigned Florida document number A17569 hereby submits this Certificate of Dissolution.

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

The Partnership has sold substantially all of its assets, and the General Partner has wound up the affairs of
the Partnership.

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

THIRD: Effective date, if other than the date of filing: _____

(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.:

RLSLOOJ

By: SCA-Sarasota, Inc., the General Partner

By: Richard L. Sharff, Jr.

Its: Vice President

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