

Division of Corporations

A18982

Florida Department of State
Division of Corporations
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L. SELLER

OCT 23 2008

EXAMINE

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
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DISS/TERM/CANCEL/REV OF LP/LLP
TALLAHASSEE HEALTH ASSOCIATES, LTD.

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**STATEMENT OF TERMINATION
FOR**

TALLAHASSEE HEALTH ASSOCIATES, 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 January 28, 1995, hereby submits this Statement of Termination.

The limited partnership or limited liability limited partnership has completed winding up its affairs and wishes to file a statement of termination.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:



Assistant Secretary of General Partner: Sigma Health Properties

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