

To: The Florida Dept. of State  
Subject: 000177.78793

From: Ashley Smith

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**A24543**  
Florida Department of State  
Division of Corporations  
Public Access System

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To:

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

From:

Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850) 222-1173  
Fax Number : (850) 224-1640

000177.78793

**DISS/TERM/CANCEL/REV OF LP/LLP**

**ST. JOSEPH'S SAME-DAY SURGERY CENTER, LTD.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$52.50

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 DEC 18 PM 12:12

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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**ST. JOSEPH'S SAME-DAY SURGERY CENTER, LTD.  
NOTICE OF DISSOLUTION TO UNKNOWN CLAIMANT**

In accordance with Section 620.1807 of the Florida Revised Uniform Limited Partnership Act of 2005 (the "Act"), **ST. JOSEPH'S SAME-DAY SURGERY CENTER, LTD.**, a Florida limited partnership (the "Company") hereby provides the following notice and request (this "Notice") for resolution of payment of unknown claims:

The Company filed a Certificate of Dissolution with the Florida Department of State (the "Department") on December 17, 2007 and is in the process of winding up its business.

The Company hereby requests that any person or entity alleging to have a claim against the Company deliver their claim along with a Proof of Claim to St. Joseph's Same-Day Surgery Center, Ltd., Attention: General Counsel, 3003 W. Dr. Martin Luther King Jr. Blvd., Tampa, Florida 33607. Each Proof of Claim must consist of a statement signed by the claimant that includes all of the following, to the extent applicable: (i) the particulars of the claim including any consideration provided; (ii) the identity and amount of the security on the claim; (iii) a list of any payments made on the debt, if any; (iv) any right of priority of payment or other specific right asserted by the claimants; (v) a copy of the written instrument which is the foundation of the claim; and (vi) the name and address of the claimant and the attorney who represents it, him or her, if any.

A claim against the Company will be barred unless a proceeding to enforce the claim is commenced within 4 years of the date of filing of this Notice with the Department. This Notice is optional and is not required when filing a Certificate of Dissolution.

**{SIGNATURES APPEAR ON THE FOLLOWING PAGE}**

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DIVISION OF  
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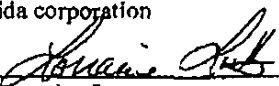
From: Ashley Smith

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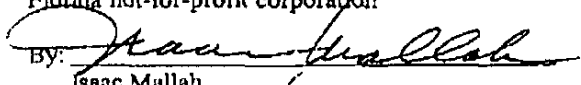
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IN WITNESS WHEREOF, the Company has caused this Certificate of Dissolution to be executed in its name by each of its general partners on this 30 day of November, 2007.

**ST. JOSEPH'S PHYSICIANS-  
HEALTHCENTER ORGANIZATION, INC., a**  
Florida corporation

By:   
Lorraine Lutton  
President

**SAN DAMIANO ENTERPRISES, INC., a**  
Florida not-for-profit corporation

By:   
Isaac Mallah  
President

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