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2004 APR -7 P 12:52



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AL

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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**CERTIFICATE OF CANCELLATION  
FOR**

**FILED**

Florida Lithotripters Limited Partnership I

(Insert name currently on file with Florida Dept. of State)

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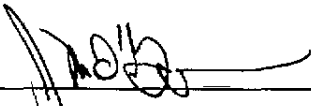
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partnership,  
whose certificate was filed with the Florida Department of State on 05/09/1991,  
hereby submits this certificate of cancellation.

**FIRST:** Reason for cancellation: (State why partnership is submitting cancellation)  
The partnership has been terminated and is no longer doing business.

**SECOND:** This certificate of cancellation shall be effective at the time of its filing with the  
Florida Department of State.

**THIRD:** Signatures of all general partners:

  
\_\_\_\_\_  
Secretary of Lithotripters Inc, GP  
\_\_\_\_\_