

A 31624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

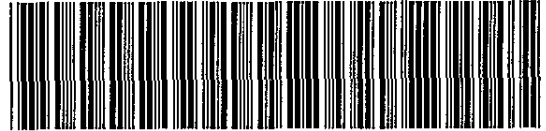
(Business Entity Name)

(Document Number)

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CORPORATION SERVICE COMPANY™

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ACCOUNT NO. : 072100000032

REFERENCE : 175977 7274201

AUTHORIZATION

*Patricia Pigato*

COST LIMIT : \$ 105.00

ORDER DATE : July 21, 2003

ORDER TIME : 1:02 PM

ORDER NO. : 175977-005

CUSTOMER NO: 7274201

CUSTOMER: Jan D. McCormick, Esq  
Brant Abraham Reiter &  
Po Box 4548

Jacksonville, FL 32201

DOMESTIC FILINGS

\*\*\*FILE FIRST\*\*\*

NAME: MANDARIN MEDICAL ARTS, LTD.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Norma Hull - EXT# 1115

EXAMINER'S INITIALS: \_\_\_\_\_

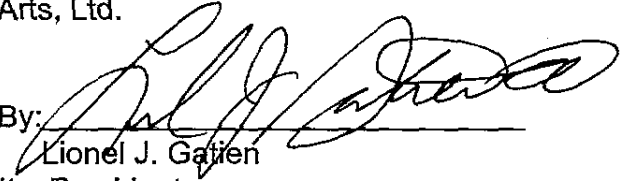
CERTIFICATE OF CANCELLATION OF  
LIMITED PARTNERSHIP OF  
MANDARIN MEDICAL ARTS, LTD.

The undersigned, desiring to dissolve a limited partnership under Section 620.113 of the Florida Revised Uniform Limited Partnership Act (1986), hereby certifies:

1. The name of the limited partnership is MANDARIN MEDICAL ARTS, LTD.  
(the "Partnership").
2. The Certificate of Limited Partnership of the Partnership was filed with the Florida Department of State on June 12, 1991, and was assigned Document No. A31624.
3. This Certificate of Cancellation for the Partnership is being filed because 100% of the partners of the Partnership have voted to dissolve the Partnership.
4. This Certificate of Cancellation shall be effective upon the date of filing with the Florida Department of State.

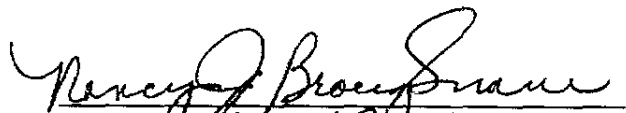
IN WITNESS WHEREOF, the undersigned does solemnly swear that the foregoing statements are true and correct as of this 8 day of April, 2003.

MANDARIN MEDICAL ARTS, INC.,  
General Partner of Mandarin Medical  
Arts, Ltd.

By:   
Lionel J. Gatten  
Its: President

STATE OF FLORIDA  
COUNTY OF DUVAL

The foregoing instrument was acknowledged before me this 8<sup>th</sup> day of April, 2003, by Lionel J. Gatien, as President of Mandarin Medical Arts, Inc., a Florida corporation, as General Partner of Mandarin Medical Arts, Ltd., a Florida limited partnership, ☒ who is personally known to me or ☐ who has produced \_\_\_\_\_ as identification.

  
Print Name: Nancy J. Broughman  
Notary Public, State of Florida at Large  
Commission No.: DD064515  
My Commission Expires: 10/14/05

191349.1



Nancy J Broughman  
My Commission DD064515  
Expires October 14, 2005

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CLERK OF DISTRICT COURT  
JUL 21 2003