

A31885

WILLETT INC.
INSURANCE & FINANCIAL SERVICES

600002121356--U
-U3/24/87--U1056--002
*****52.50 *****52.50

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Gentlemen:

Enclosed is a check for \$52.50 and documentation for your office.

Please forward the acknowledgement to:

Thomas K. Willett
Willett, Inc.
100 W. Kennedy Blvd., Suite 750
Tampa, FL 33602
(813) 221-9555

Thank you.

Sincerely,



Thomas K. Willett

Enclosures

FILED

MAR 24 AM 11:30

A31885

Name	OK 3-28
Availability	
Document Examiner	OK
Updater	OK
Updater Verifier	OK
Acknowledgment	OK
W. P. Verifier	OK

**CERTIFICATE OF CANCELLATION
FOR**

Primary Care of Lee County Associates, Ltd.

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

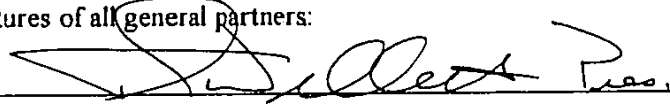
Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on August 19, 1991, hereby submits this certificate of cancellation.

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

Partnership out of business. Business sold and all proceeds distributed.

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:

 Pres.

