

2/12/2020

Division of Corporations

A32466

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

2020 FEB 12 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0211.33

**DISS/TERM/CANCEL/REV OF LP/LLP
INDIAN RIVER SURGERY CENTER, LTD.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$105.00

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LT
2-13-2020

FILED

2020 FEB 12 PM 2: 50

**CERTIFICATE OF DISSOLUTION
FOR**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Indian River Surgery Center, 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 May 5, 2009, assigned Florida document number A32466, hereby submits this Certificate of Dissolution.

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

All assets of the limited partnership are sold.

SECOND: ☒ A Notice of Dissolution is attached.
(Check box if attached.)

THIRD: Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Ladd W. Mark

Ladd W. Mark, VP

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

**NOTICE OF DISSOLUTION
FOR
FLORIDA LIMITED PARTNERSHIP
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

FILED
2020 FEB 12 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:
Indian River Surgery Center, Ltd.

Description of information that must be included in a claim:

All assets of the limited partnership are sold.

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.)

569 Brookwood Village, Suite 901

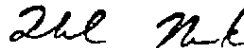
Birmingham, AL 35209

A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:

Ladd W. Mark, VP

Printed Name



Signature

Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.