

CT CORPORATION SYSTEM

A32659

CORPORATION(S) NAME

Palms Wellington Surgical Partners Limited

FILED
DEC 27 AM 7:58
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

- | | | |
|--|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input checked="" type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| | | |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name 12/27/01

Availability _____

Document _____

Examiner _____

Updater _____

Verifier _____

W.P. Verifier _____

Order#: 5012469

100004741801--6

-12/28/01--01001--014

Ref#: *****52.50 *****52.50

Amount: \$ _____

RECEIVED
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
01 DEC 27 PM 3:47

660 East Jefferson Street

Tallahassee, FL 32301

Tel. 850 222 1092

Fax 850 222 7615

**CERTIFICATE OF CANCELLATION
FOR
PALMS WELLINGTON SURGICAL PARTNERS LIMITED**
(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 March 6, 1992, hereby submits this certificate of cancellation.

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

The partnership no longer transacts business and desires to dissolve.

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:

SHC PALMS WELLINGTON, INC., general partner

By _____

Beall D. Gary, Jr., Vice President and
Assistant Secretary

FILED
01 DEC 22 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
DEC 27 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA