

## Florida Department of State

Division of Corporations Public Access System

## Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000240296 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

Fax Number

: (850)878-5926

## DISS/TERM/CANCEL/REV OF LP/LLP

NORTH DADE CENTER FOR OUTPATIENT SURGERY, L.P.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$52.50

Electronic Filing Menu

Corporate Filing Menu

Help

ht s://enesunbiz.org/scripts/efilcovr.exe

10/21/2008

OCT 222008

## NOTICE OF CANCELLATION FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

NORTH DADE CÈNT	er for outpatient sur	GERY, L. P.	
(Name of limited partn	ership or limited liability limite	ed partnership)	
	Georgia		
(Ju	risdiction of formation)	<del></del> ,	
	09/18/1992		
(Dute authori	zed to transact business in Flor	ida)	
This foreign limited partnership or I transacting business in Florida and vs. 620.1907, F.S.			
This entity appoints the Florida Deprights of action arising out of the tra			
Effective date, if other than the date (Effective date cannot be prior to nor more Department of State.)	of filing:_ than 90 days after the date thi	s document is filed by the Florida	
Signature of a general partner:	<b></b>		•
Typed or printed name:	,		
Donna M. Lecky, Asst Sec of GP: SHC N	orth Dude, Inc.	TAL	80
Filing Fee; Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75	LAHASS	12 130 8