A33579

Document Number Only

CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
Tel 850 222 1092
Fax 850 222 7615
Attn: Jeff Netherton

300003073683--6
-12/17/99--01051--001
*****52.50 *****52.50

CORPORATION(S) NAME

Collier Outpatient Surgery Center, L.P.

FILED
99 DEC 17 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

( ) Profit ( ) Nonprofit	( ) Amendment	( ) Merger
( ) Foreign	(x) Dissolution/Withdrawal ( ) Reinstatement	( ) Mark
(x) Limited Partnership ( ) LLC	( ) Annual Report ( ) Name Registration ( ) Fictitious Name	( ) Other ( ) Change of RA ( ) UCC
( ) Certified Copy	( ) Photocopies	( ) CUS
( ) Call When Ready (x) Walk In ( ) Mail Out	( ) Call If Problem ( ) Will Wait	( ) After 4:30 (x) Pick Up

Name Availability_____
Document Examiner_____
Updater_____
Verifier_____
Acknowledgement_____
W.P. Verifier_____

12/17/99

A33579
12/17
SA

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

99 DEC 17 AM 11:25

RECEIVED

CERTIFICATE OF CANCELLATION
OF
THE REGISTRATION OF THE LIMITED PARTNERSHIP
OF
COLLIER OUTPATIENT SURGERY CENTER , L.P.
(a Foreign Limited Partnership)

FILED
99 DEC 17 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 620.174 Florida Statutes, this foreign limited partnership hereby submits this certificate of cancellation in order to cancel its registration with the Florida Department of State.

COLLIER OUTPATIENT SURGERY CENTER, L .P.

By SHC NAPLES, INC., its sole General Partner

By: _____
Beall D. Gary, Jr., Assistant Secretary

STATE OF ALABAMA

COUNTY OF JEFFERSON

On December 15, 1999, before me, the undersigned, a Notary Public in and for said State, personally appeared Beall D. Gary, Jr. personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature Tammy L. Turner

Name Tammy L. Turner

MY COMMISSION EXPIRES
MAY 31, 2000

My Commission Expires: _____