

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 NOV -4 PM 1:13

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Surgical Center Associates, Ltd.
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Nancy Hayt, Attorney
(Contact Person)
Adventist Health System/Sunbelt, Inc.
(Firm/Company)
2400 Bedford Road 2nd Floor
(Address)
Orlando, FL 32803
(City, State and Zip Code)

For further information concerning this matter, please call:

Nancy Hayt at (407) 303-8585
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$52.50 Filing Fee ☐ \$61.25 Filing Fee and Certificate of Status ☐ \$105.00 Filing Fee and Certified Copy ☐ \$113.75 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**CERTIFICATE OF DISSOLUTION
FOR**

Surgical Center Associates, 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 12/09/92, assigned Florida document number A92000000131, hereby submits this Certificate of Dissolution.

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

Business Decision

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

THIRD: Effective date, if other than the date of filing: 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.)

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

Bry - Jlt

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

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

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:

Surgical Center Associates, Ltd.

Description of information that must be included in a claim:

description of the claim, date
claim arose and supporting
documentation.

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

Florida Hospital Legal Department
2400 Bedford Road 2nd Floor
Orlando, FL 32803
Att: Nancy Hayt, Attorney

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:

Bryan Stiltz
Printed Name

Bryan Stiltz
Signature



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