

Jun. 9. 2005 11:32AM
DIVISION OF CORPORATIONS

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A93000000516

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : KRAMER, GREEN, ZUCKERMAN & KAHN, P.A.
Account Number : 073707002173
Phone : (954) 966-2112
Fax Number : (954) 981-1605

VOLUNTARY CANCELLATION OF LP

DADE ORTHOPAEDIC MANAGEMENT, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$105.00

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A93-514



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 9, 2005

DADE ORTHOPAEDIC MANAGEMENT, LTD.
MIAMI HEART
4701 N. MEDRIDIAN AVE., #4210
MIAMI BEACH, FL 33140US

SUBJECT: DADE ORTHOPAEDIC MANAGEMENT, LTD.
REF: A93000000516

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

In order to cancel the limited partnership the certificate of cancellation of the limited partnership must be submitted the form that was submitted is to cancel a general partnership.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

FAX Aud. #: H05000142985
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610118-2

Jun. 9. 2005 11:33AM

No. 6118 P. 3

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DADE ORTHOPAEDIC MANAGEMENT, LTD.
(Name of Limited Partnership)

DOCUMENT NUMBER: A93000000516

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

Please return all correspondence concerning this matter to the following:

Robert M. Kramer, Esq.
(Name of Person)

Kramer, Green, Zuckerman, Greene & Buchsbaum, P.A.
(Firm/Company)

4000 Hollywood Boulevard Suite 485-South
(Address)

Hollywood, FL 33021
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert M. Kramer, Esq. at (954) 966-2112
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$105.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$113.75 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|---|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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

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**CERTIFICATE OF CANCELLATION
FOR**

DADE ORTHOPAEDIC MANAGEMENT, LTD.

(Insert name currently on file with Florida Dept. of State)

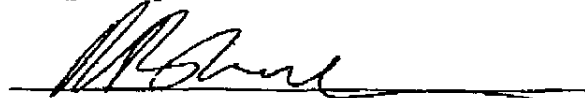
Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on May 14, 1993, hereby submits this Certificate of Cancellation.

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

The entity has dissolved and is winding up its business.

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:



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FIDELITY & SECURITY
CORPORATION

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