

A913000000915

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

**DISS/TERM/CANCEL/REV OF LP/LLP
ORLANDO SURGERY CENTER REAL ESTATE
PARTNERSHIP, LTD.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$52.50

RECEIVED

11 JAN 19 AM 6:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JAN 19 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu Corporate Filing Menu

Help

J. BRYAN

JAN 20 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Orlando Surgery Center Real Estate Partnership, 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:

Ann K. Rich, Paralegal
(Contact Person)
Waller Lansden Dortch & Davis LLP
(Firm/Company)
511 Union Street, Suite 2700
(Address)
Nashville, TN 37219
(City, State and Zip Code)

For further information concerning this matter, please call:

Ann K. Rich at (615) 850-8745
(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

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11 JAN 19 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DISSOLUTION
FOR**

Orlando Surgery Center Real Estate Partnership, 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 September 2, 1993, assigned Florida document number A9300000915 hereby submits this Certificate of Dissolution.

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

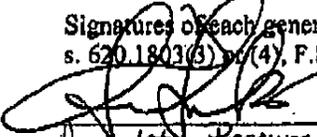
terminating its existence

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

THIRD: Effective date, if other than the 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.:



Ambulatory Resource Centres
SP Florida, Inc., General Partner
by Teresa F. Sparks, VP

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

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