

**A940000000777**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6133

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  
DELAND SURGERY CENTER, LTD.**

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

FILED  
2011 OCT 25 AM 8:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
11 OCT 25 AM 7:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

T. HAMPTON

OCT 29 2011

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Deland Surgery Center, 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)

511 Union Street, Suite 2700

(Firm/Company)

(Address)

Nashville, TN 37219

(City, State and Zip Code)

For further information concerning this matter, please call:

Ann K. Rich

(Name of Contact Person)

at ( 615

850-8745

(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 5327  
Tallahassee, FL 32314

**CERTIFICATE OF DISSOLUTION  
FOR**

Deland Surgery Center, 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 June 10, 1994 assigned Florida document number A94000000777 hereby submits this Certificate of Dissolution.

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

winding up affairs and terminating existence of limited partnership

**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.:

Jennifer Baldock

Jennifer Boyd Baldock, VP

of Surgicare of Deland, Inc., GP

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

FILED  
2011 OCT 25 AM 8:28  
TALLAHASSEE, FLORIDA  
CLERK OF STATE