

A94000000786

Fredric B. Burns
P.O. Box 432810
Miami, FL 33243

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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01/07/04--01007--026 **25.00

01/27/04--01025--003 **27.50

W/01/28/04

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 28 AM 9:17

FF \$52.50



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 13, 2004

FREDRIC B. BURNS
P.O. BOX 432810
MIAMI, FL 33243

SUBJECT: SAWGRASS MEDICAL CENTER PHASE II, LTD.
Ref. Number: A94000000786

We have received your document for SAWGRASS MEDICAL CENTER PHASE II, LTD. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$27.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form and fee you submitted were for a general partnership, but your entity is a limited partnership. Enclosed is the proper form for your entity.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 204A00002263

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FREDRIC B. BURNS

January 19, 2004

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Sawgrass Medical Center Phase II, Ltd. Ref. # A94000000786

To Whom It May Concern:

Enclosed please find the following:

1. Copy of the letter sent to us dated 1/13/03.
2. An executed Certification of Cancellation form.
3. Check # 2352 in the amount of \$27.50 (balance due).

Should you have any questions, please contact:

Fredric B. Burns

P.O. Box 43-2810

Miami, FL 33243-2810

305-661-5058

Thank you,



Fredric B. Burns

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**CERTIFICATE OF CANCELLATION
FOR**

SAWGRASS MEDICAL CENTER PHASE II, LTD.

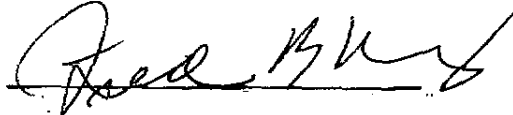
(Insert name currently on file with Florida Dept. of State)

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 6/13/1994,
hereby submits this certificate of cancellation.

FIRST: Reason for cancellation: (State why partnership is submitting cancellation)
PARTNERSHIP WAS DISSOLVED ON DECEMBER 15, 2003.

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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