

A95000000822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

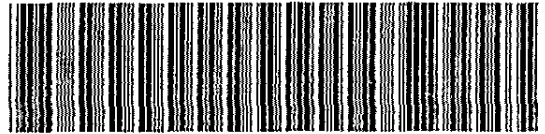
(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lakeside Medical Limited Partnership
(Name of Limited Partnership)

DOCUMENT NUMBER: A95000000822

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

Please return all correspondence concerning this matter to the following:

J. Henry Lesmes

(Name of Person)

Cardiovascular Associates of Lake County

(Firm/Company)

1879 Nightingale Lane Suite C-1

(Address)

Tavares, FL., 32778

(City/State and Zip Code)

For further information concerning this matter, please call:

Don Morgan

(Name of Person)

at (352)

742-4556

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☐ \$61.25 Filing Fee &
Certificate of Status

☒ \$105.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF CANCELLATION
FOR**

Lakeside Medical Limited Partnership
(Insert name currently on file with Florida Dept. of State)

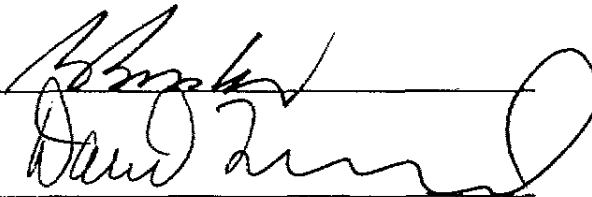
Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on 05/31/1995, hereby submits this Certificate of Cancellation.

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

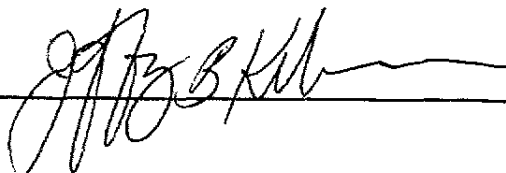
All properties owned by partnership sold. No further business interests.

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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TALLAHASSEE, FLORIDA

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