H96000001030

(Requestor's Name) (Address)	800157266338
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	97/06/0901021022 **81.25
Certificates of Status Special Instructions to Filing Officer: A. LUNT	ZOOD JUL -6 SECRETARY TALLAHASSE

Office Use Only

JUL - 7 2009

EXAMINER

GRETARY OF STATE

COVER LETTER

	gistration : vision of C	Section Corporations						
SUBJEC	T: SRH (Name of	I Investors, Ltd. Florida Limited Partnersh	ip or Lim	iited Liab	ility Limi	ited Partnership)		0
The enclo	sed Certifi	cate of Dissolution ar	nd fee(s)	are sub	mitted	for filing.		
Please ret	urn all corr	respondence concerni	ng this 1	natter to);		2009 JUL -6 AM 10: 39 SECRETARY OF STATE TALLAHASSEE, FLORID	
Cathy Scot	:t						LCR S	1
		(Contact Person)		,			芸し	
Rendina C	ompanies						SSIRY	F
	<u> </u>	(Firm/Company)					mg 3	
661 Unive	rsity Bouley:	ard, Suite 200					F 54 5	
301 3111401	Tolly Boulov	(Address)					器 39	
							D	
Jupiter, FL		City, State and Zip Code)						
	(City, State and Zip Code)						
For furthe	r informati	on concerning this m	atter, pl	ease cal	1:			
Cathy Scot	t		at (561) 630	0-5055		
(N	ame of Conta	act Person)		(Area Co	de and D	aytime Telepho	ne Number)	
Enclosed	is a check	for the following amo	ount:					
□ \$52.50 Fi	iling Fee	\$61.25 Filing Fee and Certificate of Status		05.00 Fili Certified C		\$113.75 For Certified Coperatificate of	oy, and	
STREET	ADDRES	S:		MAI	LING	ADDRESS:		
Registration Section		Registration Section						
Division of Corporations		Division of Corporations						
Clifton Building		P. O. Box 6327						
	cutive Cent ee, FL 323			Talla	ihassee,	FL 32314		

CERTIFICATE OF DISSOLUTION FOR

+

SRH I INVESTORS, 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 MAY 31, 1996, assigned Florida document number A96000001030, hereby submits this Certificate of Dissolution.
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)
OCCURRENCE OF A LIQUIDATING EVENT SPECIFIED IN PARTNERSHIP AGREEMENT
7. 2
SECOND: A Notice of Dissolution is attached. (Check box if attached.) THIRD: Effective date, if other than the date of filing:
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.:
SEE ATTACHED SIGNATURE PAGE-
· · · · · · · · · · · · · · · · · · ·
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75

SIGNATURE PAGE TO CERTIFICATE OF DISSOLUTION FOR SRH I INVESTORS, LTD., a Florida limited partnership

SOLE GENERAL PARTNER:

SRH I MEDICAL EQUITY INVESTORS, LTD., a Florida limited partnership

By: SRH I MEDICAL EQUITY CORPORATION,

a Florida corporation, its General Partner

Michael D. Rendina, Vice President

2009 JUL -6 AM IO: 3