

Document Number Only

CT CORPORATION SYSTEM

660 EAST JEFFERSON STREET

Requestor's Name
TALLAHASSEE, FL 32301

Address
222-1092

City State Zip Phone

CORPORATION(S) NAME

RECEIVED
SEP 24 PM 12:01
DIVISION OF CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 SEP 24 PM 1:09

West Broward Outpatient Endoscopy Center L.P.

900002304779--9

-09/26/97--01065--024

*****52.50 *****52.50

- ☐ Profit ☐ Amendment ☐ Merger
☐ NonProfit ☐ Dissolution/Withdrawal ☐ Mark
☐ Limited Liability Co.
☐ Foreign
☒ Limited Partnership Cancellation ☐ Annual Report ☐ Other
☐ Reinstatement ☐ Reservation ☐ Change of R.A.
☐ Certified Copy ☐ Photo Copies ☐ Fictitious Name Filing
☐ CUS
☐ Call When Ready ☐ Call if Problem ☐ After 4:30
☒ Walk In ☐ Will Wait ☒ Pick Up
☐ Mail Out

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CR2E031 (1-89)

9/24

G. TAX
FILING 52.50
R. AGENT FEE
C. COPY
TOTAL 52.50
N. BANK
BALANCE DUE
REFUND

h/c
9/24/97

CERTIFICATE OF CANCELLATION

FOR

WEST BROWARD OUTPATIENT ENDOSCOPY CENTER, L.P.

FILED STATE
SECRETARY OF CORPORATIONS
91 SEP 24 PM 1:09

Pursuant to the provisions of Section 620.113, Florida Statutes, West Broward Outpatient Endoscopy Center, L.P., a Florida limited partnership (the "Partnership"), hereby submits this certificate of cancellation.

FIRST: The name of the Partnership is West Broward Outpatient Endoscopy Center, L.P.

SECOND: The certificate of limited partnership of the Partnership was filed with the Florida Department of State on January 2, 1997.

THIRD: This certificate of cancellation is being filed because of the dissolution of the Partnership upon the occurrence of an event specified in writing in the Partnership's partnership agreement.

FOURTH: This certificate of cancellation shall be effective at the time of its filing with the Florida Department of State.

Executed as of the 21st day of August, 1997, on behalf of the undersigned, which comprise all of the general partners of the Partnership:

**WEST BROWARD OUTPATIENT
ENDOSCOPY CENTER, P.A.**

By: [Signature]
Name:
Title: President

**WEST BROWARD OUTPATIENT GI
CENTER, INC.**

By: [Signature]
Name:
Title: