

A9700000 1988

Requester's Name
 36555 U.S. Highway 19 North
 Address
 Palm Harbor, Fl. 34684
 City/State/Zip Phone #

800003235108--4
 -05/02/00--01043--022
 *****25.00 *****25.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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 (Corporation Name) (Document #) 800003235108--4
 -05/23/00--01125--014
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2. _____
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 NO MAY 23 PM 4: 20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

- Walk in Pick up time Certified Copy
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NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

A97-1988

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Name	<i>[Signature]</i>
Availability	<i>[Signature]</i>
Document Examiner	<i>[Signature]</i>
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W. P.	<i>[Signature]</i>



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 9, 2000

WORLD WELLNESS CENTER LIMITED PARTNERSHIP #2
36555 U.S. HIGHWAY 19 NORTH
PALM HARBOR, FL 34684

SUBJECT: WORLD WELLNESS CENTER LIMITED PARTNERSHIP #2
Ref. Number: A97000001988

We have received your document for WORLD WELLNESS CENTER LIMITED PARTNERSHIP #2 and check(s) totaling \$25.00 of which \$ has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$27.50 due. 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.

We are enclosing the proper form(s) with instructions for your convenience.

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) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 300A00025697

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF CANCELLATION
FOR**

Work Wellness Center Partnership #2

(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 9/16/97, hereby submits this certificate of cancellation.

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

Partnership failed to make a profit

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: *only me*

[Handwritten signature]

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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