

1798000002231

(Requestor's Name)

(Address)

(Address)

Weston Medical & Prof Office Park  
2573 Mayfair Ln.  
Weston, FL 33327

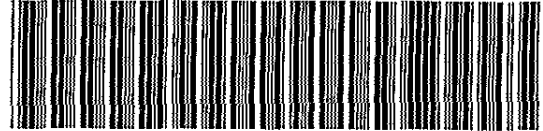
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/21/03--01049--003 \*\*52.50

**CERTIFICATE OF CANCELLATION  
FOR**

Weston Medical and Professional Park, Ltd.

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

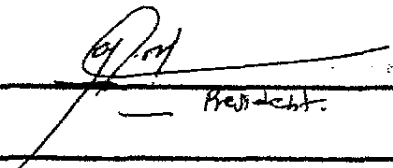
Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partnership, whose certificate was filed with the Florida Department of State on August 14, 1998 hereby submits this certificate of cancellation.

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

Partnership does not have any assets  
or business

**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;

  
\_\_\_\_\_  
President  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_