

BU000000238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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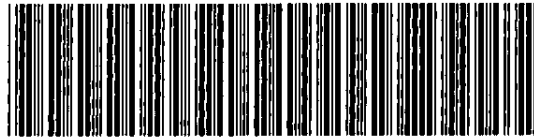
(Business Entity Name)

(Document Number)

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2016 JUL -7 AM 5:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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16 JUL -7 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

JUL -8

File first
* do not separate
please x

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 207569 4814048

AUTHORIZATION :

COST LIMIT : \$52.50

ORDER DATE : July 7, 2016

ORDER TIME : 9:44 AM

ORDER NO. : 207569-010

CUSTOMER NO: 4814048

FOREIGN FILINGS

NAME: JACKSONVILLE BEACH SURGERY
CENTER, L.P.

____ CORPORATE
XX LIMITED PARTNERSHIP
____ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jacksonville Beach Surgery Center, L.P.
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

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

Please return all correspondence concerning this matter to:

Ann K. Rich
(Contact Person)
Waller Lansden Dortch & Davis LLP
(Firm/Company)
511 Union Street, Suite 2700
(Address)
Nashville, TN 37219
(City, State and Zip Code)

For further information concerning this matter, please call:

Ann K. Rich at (615) 850-8745
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$52.50 Filing Fee ☐ \$61.25 Filing Fee and Certificate of Status ☐ \$105.00 Filing Fee and Certified Copy ☐ \$113.75 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**NOTICE OF CANCELLATION
FOR
FOREIGN LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

FILED
2016 JUL -7 AM 5:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Jacksonville Beach Surgery Center, L.P.

(Name of limited partnership or limited liability limited partnership)

Tennessee

(Jurisdiction of formation)

08/10/2000

(Date authorized to transact business in Florida)

This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.

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.)

Signature of a general partner: _____


Typed or printed name: _____
SARC/Jacksonville, Inc., General Partner

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75