

B02000000215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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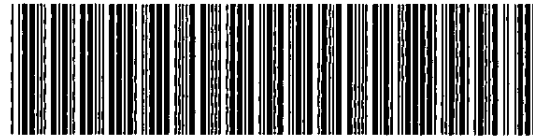
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
OCT 27 2008
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ossatron Services of Central Florida, L.P.
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Lisa Sundstrom

(Contact Person)

SANUWAVE Services

(Firm/Company)

11680 Great Oaks Way Ste 350

(Address)

Alpharetta, GA 30022

(City, State and Zip Code)

For further information concerning this matter, please call:

Lisa Sundstrom

(Name of Contact Person)

at (678) 578-0117

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2008

LISA SUNDSTROM
SANUWAVE SERVICES
11680 GREAT OAKS WAY, STE. 350
ALPHARETTA, GA 30022

SUBJECT: OSSATRON SERVICES OF CENTRAL FLORIDA, L.P.
Ref. Number: B02000000215

We have received your document for OSSATRON SERVICES OF CENTRAL FLORIDA, L.P. and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED PARTNERSHIP, but your entity is a FOREIGN LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration Section

Letter Number: 608A00053867

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ossatron Services of Central Florida, 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:

Lisa Sundstrom
(Contact Person)
SANYU WAVE Services
(Firm/Company)
11680 Great Oaks Way, Suite 350
(Address)
Alpharetta, GA 30022
(City, State and Zip Code)

For further information concerning this matter, please call:

Lisa Sundstrom at (770) 419-7525
(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

FILED

NOTICE OF CANCELLATION
FOR
FOREIGN LIMITED PARTNERSHIP
OR

2000 OCT 24 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY LIMITED PARTNERSHIP

Ossatron Services of Central Florida, L.P.

(Name of limited partnership or limited liability limited partnership)

B02000000
215

Delaware

(Jurisdiction of formation)

June 14, 2002

(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:

[Signature]

Typed or printed name:

Barry J. Jenkins for HT Orthotripsy Management Company, LLC

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