

B05000000013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

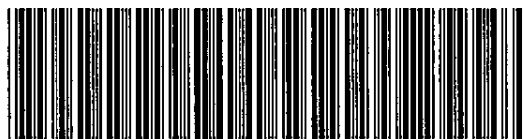
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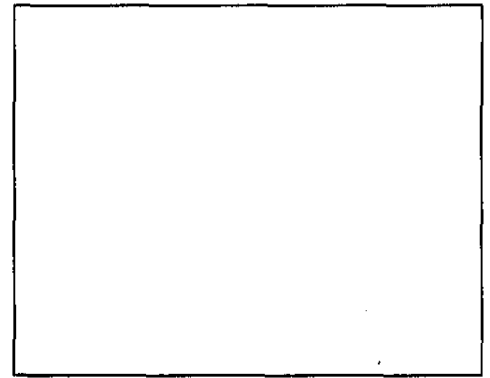


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FLORIDA RESEARCH & FILING SERVICES, INC.
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TALLAHASSEE, FL 32301
PHONE (850)656-6446



WALK-IN

ENTITY NAME:

1. WOOLBRIGHT SURGERY CENTER, LP

CK# 2217

AMOUNT \$113.75

PLEASE FILE THE ATACHED CANCELLATION & RETURN THE FOLLOWING:

XXX CERTIFIED COPY

___ STAMPED COPY

XXX CERTIFICATE OF STATUS

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TALLAHASSEE, FLORIDA

Examiner's Initials

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Woolbright Surgery Center, LP

(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:

Linda Zoeller

(Contact Person)

Surgis, Inc.

(Firm/Company)

8 Cadillac Drive, Suite 200

(Address)

Brentwood, TN 37027

(City, State and Zip Code)

For further information concerning this matter, please call:

Linda Zoeller

(Name of Contact Person)

at (615) 972-5871

(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

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TALLAHASSEE, FLORIDA

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

Woolbright Surgery Center, LP

(Name of limited partnership or limited liability limited partnership)

Tennessee

(Jurisdiction of formation)

1/18/05

(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:

George P. McGinn, Jr., VP of Surgis of Woolbright, Inc., General Partner

Filing Fee: \$52.50

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

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