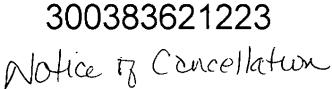
B070000000259

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



03/15/22--01026--027 **35.00 05/09/22--01043--004 **17.50



A. RAMSEY MAY -9 2022

X00678,00524,0067



RECEIVED

2022 MAY -5 AM 8: 06

SEC. TALE A PROPERTY OF TALE A PROPERT

April 6, 2022

ANITA HUNGLE US HEALTHCARE GROUP LLC 5500 W. PLANO PARKWAY, SUITE 210 PLANO, TX 75093 US

SUBJECT: PINNACLE HEALTH FACILITIES XXIII, LP

Ref. Number: B07000000289

We have received your document for PINNACLE HEALTH FACILITIES XXIII, LP and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$17.50.

The form that you submitted is incorrect. It is for a foreign corporation and your entity is a foreign limited partnership. I have enclosed the correct form. Please note the additional fee.

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) 245-6823.

Annette Ramsey OPS

Letter Number: 122A00008011

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Pinnacle Health Facilities (Name of Foreign Limited Partnership	or Limited Liability Limited Partnership)	
The enclosed Notice of Cancellation and fe	e(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to:	
Anita Hungle		
(Contact Person)		
US Healthcare Group, LLC		
(Firm/Company)		
5500 W. Plano Parkway, Suite 210		
(Address)		
Plano, TX 75093		
(City, State and Zip Code)		
For further information concerning this mat	ter, please call:	
Anita Hungle	at (469)	
(Name of Contact Person)	(Area Code and Daytime Telephone Number)	
Enclosed is a check for the following amou	nt: balance of \$ 17.50	
S52.50 Filing Fee S61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee, and Certified Copy Certificate of Status	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

FILED

NOTICE OF CANCELLATION 2022 MAY -5 PM 12 58 FOR

FOREIGN LIMITED PARTNERSHIP SERVE TARY OF A MER OR OR OR OF ASSETLED TO

LIMITED LIABILITY LIMITED PARTNERSHIP

Pinnacle Health Facilities XX	III, LP
(Name of foreign limited p	artnership or limited liability limited partnership)
B07000000289	
(Florida Docume	nt Number of the Foreign LP or LLLP)
Florida	
(Ju	urisdiction of formation)
09-14-2007	
(Date authori	zed to transact business in Florida)
This foreign limited partnership or l transacting business in Florida and v s. 620.1907, F.S.	imited liability limited partnership is no longer wishes to cancel its certificate of authority pursuant to
This entity appoints the Florida Deprights of action arising out of the tra	partment of State as its agent for service of process for insaction of business in this state.
Effective date, if other than the date (Effective date cannot be prior to nor more Department of State.)	of filing: than 90 days after the date this document is filed by the Florida
NOTE: If the date inserted in this be requirements, this date will not be liberartment of State's records.	block does not meet the applicable statutory filing isted as the document's effective date on the
Signature of a general partner:	
Typed or printed name: Robert J. Riek	
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50
Certificate of Status (optional):	\$8.75