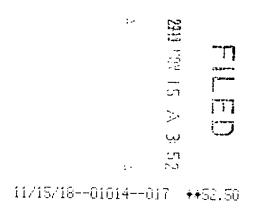
BOBOCCUUSI

(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:





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COVER LETTER

TO: Registration	Section			
Division of	Corporations			
SUBJECT: Florida	Laser Partners, L.P. Foreign Limited Partnersl	olon and invited thick	:1:4 1 ::	and Domining
(Name of	Foreign Limited Partnersi	nb or rimited rigo	inty Limi	tted ratmership)
The enclosed Notic	e of Cancellation and	fee(s) are submi	tted for	filing.
Please return all co	ng this matter to);	273 (27-15	
				٠
Billie Westbrook				
(Contact Person)				មា
HealthTronics, Inc.				*
	(Firm/Company)			ىپ
4025 B				્ર : ડ
9825 Spectrum Drive, l				y. (U
	(Address)	,		
Austin, TX 78717				
· · · · · · · · · · · · · · · · · · ·	(City, State and Zip Code)			
For further informa	tion concerning this m	atter, please cali	l:	
Billie Westbrook		at (512) 721-4	4721
(Name of Cor	tact Person)	(Area Co	de and Da	aytime Telephone Number)
Enclosed is a check	for the following amo	ount:		
\$52.50 Filing Fee	S61.25 Filing Fee and Certificate of Status	S105.00 Filing and Certified C		S113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS:		MAILING ADDRESS:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building		P. O. Box 6327		
2661 Executive Center Circle		Tallahassee, FL 32314		
Tallahassee, FL 32301				

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

	Florida Laser Partners, L.P.	
(Name of limited p	partnership or limited liability limited partnership)	
	Delaware	
	(Jurisdiction of formation)	
	June 27, 2008	
(Date aut	thorized to transact business in Florida)	
-	or limited liability limited partnership is no nd wishes to cancel its certificate of author	
	Department of State as its agent for service transaction of business in this state.	of process for
Effective date, if other than the d	date of filing: upon filing	
(Effective date cannot be prior to nor n Department of State.)	nore than 90 days after the date this document is fil	led by the Florida ร่อ
Signature of a general partner:		
Typed or printed name:		
Clint Davis, Vice President of the Gen	eral Partner	
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50	

\$8.75

Certificate of Status (optional):