

B/30000000 353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

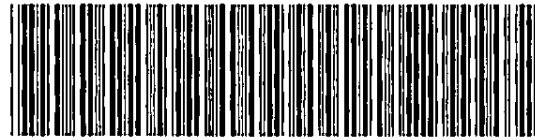
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500383621205

LP Notice of  
Cancellation

03/15/22--01026--025 \*\*35.00

05/09/22--01043--002 \*\*17.50

FILED  
2022 MAY -5 PM 12 48  
CLERK OF COURT  
JANET F. STONE  
CLERK OF COURT

A. RAMSEY  
MAY -9 2022

X 00678  
00789, 00524, 00671



RECEIVED

2022 MAY -5 AM 8:06

SECRETARY OF STATE  
FLORIDA DEPARTMENT OF STATE, FL  
Division of Corporations

April 6, 2022

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

SUBJECT: OCOEE HEALTH FACILITIES, L.P.  
Ref. Number: B13000000353

We have received your document for OCOEE HEALTH FACILITIES, L.P. 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 extra 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: 122A00008009

### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ocoee Health Facilities, 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:

Anita Hungle

(Contact Person)

US Healthcare Group, LP

(Firm/Company)

5500 W. Plano Parkway, Suite 210

(Address)

Plano, TX 75093

(City, State and Zip Code)

For further information concerning this matter, please call:

Anita Hungle

(Name of Contact Person)

at ( 469 ) 398-3592

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount: Balance of \$ 17.50

☐ \$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

**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  
FOR  
FOREIGN LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP

2022 MAY -5 PM 12 48

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

Ocoee Health Facilities, LP

(Name of foreign limited partnership or limited liability limited partnership)

B13000000353

(Florida Document Number of the Foreign LP or LLLP)

Florida

(Jurisdiction of formation)

12/27/2013

(Date authorized to transact business in Florida)

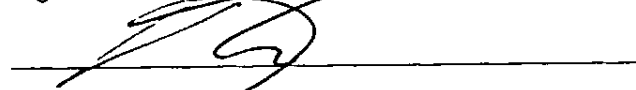
This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

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.)

**NOTE:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of a ~~general partner~~:



Typed or printed name:

Robert J. Rick

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