

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000143222 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878~5368

DISS/TERM/CANCEL/REV OF LP/LLP

HEALTHSOUTH OF SARASOTA LIMITED PARTNERSHIP

S

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	. \$52,50

Electronic Filing Menu

Corporate Filing Menu

Help

EXAMINER JUN 1 2012

https://efile.sunbiz.org/scripts/efilcovr.exe

5/31/2012

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VOITARDARDO TO

2609889998

02/31/5015 12:35

COVER LETTER

TO: Registration ! Division of C		,		
SUBJECT: HEAL	THSOUTH of S	iarasota Lirni lip or Limited Liabili	ted F	Partnership
The enclosed Notice	of Cancellation and f	ee(s) are submitte	ed for	filing.
Please return all corr	espondence concernia	ng this matter to:		
Andrew Schilde	ər		_	
	(Contact Parson)			
HealthSouth Co	orporation			
	(Firm/Company)		-	
3660 Grandvie	w Parkway, Suit	te 200		
	(Address)		-	
Birmingham, A	L 35243		_	
(City, State and Zip Code)		_	
F 6ab ! . 6. —				
For further informati	on concerning this ma	atter, please call:		
Andrew Schilde	∍r	. at (205	970	0-7846
(Name of Contr	act Porson)	(Area Code	and Da	sytime Telephone Number)
Enclosed is a check	for the following amo	unt:		
☑ \$52.50 Filing Fee	S61.25 Filing Fee and Certificate of Status	\$105.00 Filing and Certified Co		\$113.75 Filing Fee, Cortified Copy, and Certificate of Status
STREET ADDRES	S1	MAIL	ING /	ADDRESS:
Registration Section				
Division of Corporat	ions	Division of Corporations		
Clifton Building		P. O. E		
2661 Executive Cent Tallahassee, FL 323		Tallah	1550c, i	FL 32314

FILED'

12 MAY 31 AM 9: 30

SECRÉTARY OF STATE TALLAHASSEE, FLORDA

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

HEALTHSOUTH of Sarasota Lin	nited Partnership
------------------------------------	-------------------

(Name of limited partnership or limited liability limited partnership)

	••	•	,	
Alabama				
		(Jurisdiction of forms	tion)	
Decembe	r 30, 1994			
	(Da	te authorized to transact bus	ness 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: 5/31/2012

(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:

John P. Whittington

Filing Fee: S52.50
Certified Copy (optional): S52.50
Certificate of Status (optional): S8.75