## 70000061



ACCOUNT NO. : 072100000032

REFERENCE

898754

4334907

AUTHORIZATION

COST LIMIT

\$ 52.50

ORDER DATE: July 21, 1998

ORDER TIME : 1:26 PM

ORDER NO. : 898754-040

21

CUSTOMER NO: 4334907

CUSTOMER: Ms. Melinda Lampkin

Columbia/hca Healthcare

P.o. Box 550 One Park Plaza

Nashville, TN 37202

300002594383---5

## FOREIGN FILINGS

NAME:

COLUMBIA LAKE CITY MEDICAL

CENTER/HAMILTON COUNTY LIMITED PARTNERSHIP

\_ PROFIT . .

NON-PROFIT

CORPORATE

LIMITED PARTNERSHIP

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

\_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Robert Turner

BYVISIAN OF CONFORATION

## CERTIFICATE OF CANCELLATION OF REGISTRATION OF A FOREIGN LIMITED PARTNERSHIP

To the Secretary of State State of Florida

It is hereby certified that:

- 1. Columbia Lake City Medical Center/Hamilton County Limited Partnership, a foreign limited partnership formed under the laws of the State of Delaware, hereby cancels its registration in the State of Florida.
- 2. The undersigned is a general partner of the aforesaid foreign limited partnership.

Dated this 10th day of July, 1998.

By: North Central Florida Local GP, Inc.

Its: General Partner

By: John M. Franck II

Vice President and Secretary

Sworn to and subscribed before me this 10th day of July, 1998.

Notary Public

My Commission Expires: 1 - 2022