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ACCOUNT NO. : 072100000032

REFERENCE: 419227

4334907

AUTHORIZATION

: Fatition yout

ORDER DATE: June 6, 1997

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ORDER TIME : 10:52 AM

ORDER NO. : 419227-015

CUSTOMER NO: 4334907

CUSTOMER: Ms. Melinda Lampkin

Columbia/hca Healthcare

P.o. Box 550 One Park Plaza

Nashville, TN 37202

FOREIGN FILINGS

NAME:

COLUMBIA PALM BEACH HEALTHCARE SYSTEM LIMITED PARTNERSHIP

XX PROFIT NON-PROFIT CORPORATE

LIMITED PARTNERSHIP

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Daniel W Leggett

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 Palm Beach Healthcare System 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 6th day of June, 1997.

Columbia Palm Beach GP, LLC

By: John M. Franck II Corporate Secretary

Sworn to and subscribed before me this 6th day of June/199

Notary Public

My Commission Expires: