

P960000041951

(Requestor's Name)

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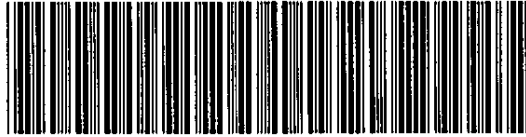
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SANTA LUCIA SURGICAL CENTER, INC.

DOCUMENT NUMBER: P96000041951

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MANUEL AIRALA

(Name of Contact Person)

SANTA LUCIA SURGICAL CENTER, INC.

(Firm/Company)

5415 COLLINS AVENUE, SUITE #506

(Address)

MIAMI BEACH, FLORIDA 33140

(City/State and Zip Code)

For further information concerning this matter, please call:

MANUEL AIRALA

at (305) 934-6077

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

