

L010000000909

(Requestor's Name)

(Address)

(Address)

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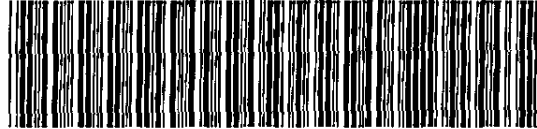
(Business Entity Name)

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Florida Department of State,

**RESIGNATION OF REGISTERED AGENT**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned, **INTRASTATE REGISTERED AGENT CORPORATION**, hereby resigns as Registered Agent for **BOCA RATON AMBULATORY ANESTHESIA SERVICES, LLC**.

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31<sup>st</sup> day after the date in which this statement is filed.

**INTRASTATE REGISTERED AGENT  
CORPORATION**

By: *Frances G. Faigenblat*  
Name: Frances G. Faigenblat  
Title: Vice President

Date: 8-22-05

**FEE FOR FILING THIS DOCUMENT:**

**\$85.00 - Active Limited Liability Company**  
**\$25.00 - Administratively Dissolved/Voluntarily Dissolved/Withdrawn  
Limited Liability Company**

**Make checks payable to Florida Department of State and mail to:**  
**Division of Corporations - P.O. Box 6327 - Tallahassee, FL 32314**

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