

F06000001993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

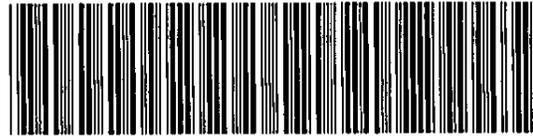
(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
15 APR - 3 AM 9:47

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4-6-15

file first
do not separate
please*

ACCOUNT NO. : I20000000195
REFERENCE : 576182 7182683
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 35.00

ORDER DATE : April 3, 2015
ORDER TIME : 1:51 PM
ORDER NO. : 576182-075
CUSTOMER NO: 7182683

FOREIGN FILINGS

NAME: TEAM ANESTHESIA, INC.

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Team Anesthesia, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F06000001993

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kelly Greaney

(Name of Person)

(Firm/Company)

265 Brookview Centre Way, Suite 400

(Address)

Knoxville, TN 37919

(City/State and Zip code)

For further information concerning this matter, please call:

Kelly Greaney at (865) 693-1000

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the 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
2661 Executive Center Circle
Tallahassee, FL. 32301

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Team Anesthesia, Inc.

(Name of Corporation)

F06000001993

(Document Number of Corporation (if known))

Tennessee

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

265 Brookview Centre Way, Suite 400

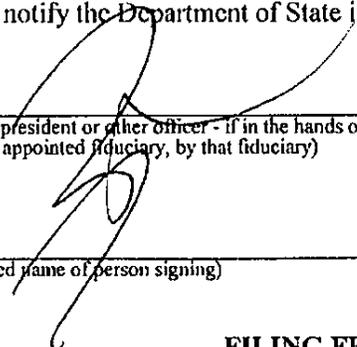
(Mailing Address)

Knoxville, TN 37919

(City/ State /Zip)

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The corporation agrees to notify the Department of State in the future of any change in its mailing address.



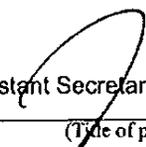
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

John R. Stair

(Typed or printed name of person signing)

March 31, 2015

(Date)


Assistant Secretary

(Title of person signing)

FILING FEE \$35