

F060000001993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

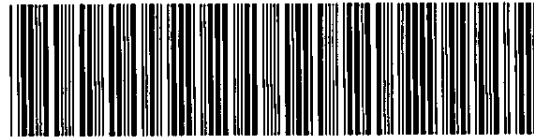
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DIVISION OF CORPORATIONS  
15 APR - 3 AM 9:47

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file first  
do not separate  
please \*

ACCOUNT NO. : I20000000195

REFERENCE : 576182 7182683

AUTHORIZATION :

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.

XX CORPORATE  
       LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        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 & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee,  
Certificate of Status Certified Copy Certificate of Status & Certified  
(Additional copy is Enclosed) 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

FILED  
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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DIVISION OF CORPORATIONS  
15 APR - 3 AM 9:47

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**