

**F06000007191**

Florida Department of State  
Division of Corporations  
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Account Number : FCA000000023  
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**Email Address:** \_\_\_\_\_

**REGISTERED AGENT RESIGNATION  
SOUTHERN ANESTHESIA HEALTHCARE PARTNERS OF FLORIDA,**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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7/19/16

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SOUTHERN ANESTHESIA HEALTHCARE PARTNERS OF FLORIDA, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** F06000007191

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Helen Mac-Tran**

(Name of Person)

**C T CORPORATION SYSTEM**

(Name of Firm/Company)

**111 8th Avenue, 13th Floor**

(Address)

**New York, New York 10011**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Theresa Alfieri**

(Name of Person)

at **(212) 894-8516**

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Street Address:**

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

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, CORPDIRECT AGENTS, INC.

(Name of Registered Agent)

hereby resigns as Registered Agent for SOUTHERN ANESTHESIA HEALTHCARE PARTNERS OF FLORIDA, INC.

(Name of Corporation)

F06000007191

(Document Number, if known)

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

The agency is terminated and the office discontinued on the 31st day after the date on which  
this statement is filed.



(Signature of Resigning Agent)

If signing on behalf of an entity:

CORPDIRECT AGENTS, INC. -Helen Mac-Tran

(Typed or Printed Name)

ASSISTANT SECRETARY

(Capacity)

**Fee for filing this document:**

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

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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2016 JUL 18 AM 9:37  
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TALLAHASSEE, FL 32314