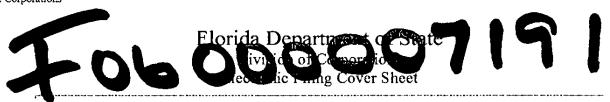
7/18/2016 10:16:05 AM From: To: 8506176380(1/3)



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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		Account Name Account Number Phone Fax Number	: C T CORPORATION SYSTEM : FCA000000023 : (850)205-8842 : (850)878-5368	A SENIE

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

canatr	AUGITESS	•				

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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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	
	(Name of Corporation)
DOC	UMENT NUMBER: F06000007191
The e	nclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
He	len Mac-Tran
	(Name of Person)
CI	CORPORATION SYSTEM
	(Name of Firm/Company)
111	1 8th Avenue, 13th Floor
	(Address)
Ne	w York, New York 10011
	(City/State and Zip Code)
For fu	orther information concerning this matter, please call:
Th	eresa Alfieri at (212) 894-8516
	(Name of Person) (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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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 section	ons 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 Agen	t for SOUTHERN ANESTHESIA HEALTHCARE PARTNERS OF FLORIDA, INC.
	(Name of Corporation)
F06000007191	
(Document Number, if known)	
	office discontinued on the 31st day after the date on which
	(Signature of Resigning Agent)
If signing on behalf of an entity:	9: 37 10:00 10 10 10 10 10 10 10 10 10 10 10 10 1
CORPDIREC	CT AGENTS, INCHelen Mac-Tran
	(Typed or Printed Name)
ASSISTAN	IT 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