

F/3000001449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

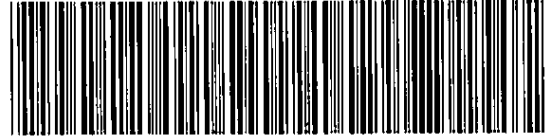
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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Withdrawal


FILED
2022 DEC -6 PM 1:21

RECEIVED
2022 DEC -6 PM 12:23
TALLAHASSEE, FLORIDA

A. RAMSEY

DEC -7 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 181346 8115713
AUTHORIZATION : 
COST LIMIT : \$ 35,000

ORDER DATE : December 5, 2022
ORDER TIME : 8:58 AM
ORDER NO. : 181346-005
CUSTOMER NO: 8115713

FOREIGN FILINGS

NAME: U.S. ANESTHESIA PARTNERS
INTERMEDIATE HOLDINGS, 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: Eyliena Baker - EXT#

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: U.S. Anesthesia Partners Intermediate Holdings, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F13000001449

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

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip code)

For further information concerning this matter, please call:

(Name of Person)

at (_____) _____

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
Enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

U.S. Anesthesia Partners Intermediate Holdings, Inc.

(Name of Corporation)

F13000001449

(Document Number of Corporation (if known))

Delaware 04/01/2013

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

FILED
2022 DEC -6 PM 1:21
CLERK OF CIRCUIT COURT
JANET L. HARRIS

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:

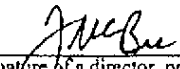
12222 Merit Drive, Suite 700

(Mailing Address)

Dallas, TX 75251

(City/ State /Zip)

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)

Tyler McBee

(Typed or printed name of person signing)

Dec 5, 2022

(Date)

Chief Financial Officer & Treasurer

(Title of person signing)

FILING FEE \$35