95000005177

	(Requestor's Name)	
	(Address)	
	(Address)	
•	(Address)	
·	(0+10+1-7-10+11)	
	(City/State/Zip/Phone #)	
	_	_
PICK-UP	MAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	tatus
Special Instructions to	o Filing Officer:	

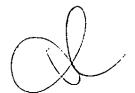
Office Use Only



800395416468

WIZ OCT THE SORT FT

NEORICED



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

CONTACT PERSON: Eyliena Baker - EXT#

ACCOUNT NO. : 12000000195			
REFERENCE : 987599 7509084			
AUTHORIZATION: Spelle man			
COST LIMIT : \$ 43.755			
ORDER DATE: October 3, 2022		,	-
ORDER TIME : 9:26 AM			
ORDER NO. : 987599-005			
CUSTOMER NO: 7509084			
		. -	
FOREIGN_FILINGS			
NAME: SHERIDAN HEALTHCARE, INC.	The Constant	2022 OCT -	
XX CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY	7.4.5.E.S. F.E.	4 PH 12: 40	
XXXX WITHDRAWAL/CANCELLATION	~		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF STATUS			

EXAMINER: ____

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Sheridan Healthcare, Inc.		
30bbC1.	(Name of Corporation)	
DOCUMENT NUMBER: F95000005177	7	
The enclosed withdrawal application and	d fee are submitted for filing.	
Please return all correspondence concerni	ng this matter to the following:	
		2028
	(Name of Person)	OCT -
	(Firm/Company)	2022 OCT - 4 PH 12: 40 ALL ANASSEE FL
	(Address)	10
	(City/State and Zip code)	<u></u>
For further information concerning this m	atter, please call:	
	at ()(Area Code & Daytime 1	
(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	s Certified Copy Certificat	Filing Fee. te of Status & Certified dditional 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 Tallahassee, FL 32303	e 810

Sheridan Healthcare, Inc.

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

(Name of Corporation)

	F95000005177			
	(Document Number of Corporation	(if known)		
	Incorporated in Delaware on October 27, 1994			
	(Incorporated Under Laws of and date authorized to transa	act business/conduct its affairs)		
	corporation is no longer transacting business or conducting tarily surrenders its authority to transact business or conduct		a and here	eby
appoir	corporation revokes the authority of its registered agent in its the Department of State as its agent for service of proces was authorized to transact business or conduct affairs in Fl	s based on a cause of action arisi		
The fo	ollowing is a current mailing address for the corporation:			
	1A Burton Hills Blvd	6.	20	
	(Mailing Address)	7.	30 oc	·= -
	Nashville, TN 37215		- - -	45, 23878. PERSONAL PROPERTY OF THE PERSONAL P
	(City/ State /Zip)	SCI	PM 12: 4	
The co	orporation agrees to notify the Department of State in the full Department of State in the full	و بير ture of any change in its mailing:	address.	
	krysta Edwards	8/31/2022		
	(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)		
	Krysta Edwards	Assistant Secretary		
	(Typed or printed name of person signing)	(Title of person signing)	~ 	