F98000003584

(F	Requestor's Name)	
	Address)	
(A	Address)	
(0	City/State/Zip/Phone #	*)
PICK-UP	WAIT	MAIL
	Business Entity Name)
	, ,	
(0	Document Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	iling Officer:	
		

Office Use Only



200427366682 WHhdrawal

SSEE, FLORIDA

A. RAMSEY APR 9.2024 2024 APR -8 AM III: 14 2024 APR -8 AM 9: 50

PHOTO TO THE PROPERTY OF STATE OF STATE

CSC - Tallahassee GSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext:

Date: 04/08/24 Order #: 1471423-1

Re: AmSurg Holdings, Inc. Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal Application for Certificate of Authority

Amount to be deducted from our State Account: \$35.0 - FL State Account Number:

1200000000195 AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	AmSurg Holdings, Inc.
3010	(Name of Corporation)
DOC	JMENT NUMBER:
The er	nclosed withdrawal application and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Ashley Carper
	(Name of Person)
	AmSurg, LLC
	(Firm/Company)
	1A Burton Hills, Suite 300
	(Address)
	Nashville, TN 37215
	(City/State and Zip code)
For fu	rther information concerning this matter, please call:
Ashley	Carper 615 461-9117 at ()
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclos	sed is a check for the amount:
■ \$35	5 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified (Additional copy is Enclosed)
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

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

	AmSurg Holdings, Inc.	
	(Name of Corporation)	3 1
	F98000003584	
	(Document Number of Corporation	(if known)
	Tennessee	06/24/1998
	(Incorporated Under Laws of and date authorized to transact	et business/conduct its affairs)
	poration is no longer transacting business or conducting a ily surrenders its authority to transact business or conduct	
appoints	poration revokes the authority of its registered agent in the Department of State as its agent for service of process as authorized to transact business or conduct affairs in Fl	based on a cause of action arising during the
The follo	owing is a current mailing address for the corporation:	
	1A Burton Hills Blvd., Suite 300	
	(Mailing Address)	
	Nashville, TN 37215	
	(City/ State /Zip)	
The corp	poration agrees to notify the Department of State in the future	
_	Paige Reber	04/04/2024
()	Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
1	Paige Reber	General Counsel, Secretary & CCO
-	(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35

CSC WD-5216

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJE	ECT: AmSurg Holdings, Inc.	
		(Name of Corporation)
DOCU	JMENT NUMBER: F98000003584	
The en	closed withdrawal application and	fee are submitted for filing.
Please	return all correspondence concerning	g this matter to the following:
	Ashley Carper	
		(Name of Person)
	AmSurg, LLC	
		(Firm/Company)
	1A Burton Hills, Suite 300	
		(Address)
	Nashville, TN 37215	
	(0	City/State and Zip code)
For fur	ther information concerning this ma	tter, please call:
Ashley	Carper	615 461-9117 at ()
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclos	ed is a check for the amount:	
\$35	Filing Fee S43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certified Copy Certificate of Status & Certified (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