

**LO4000041060**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

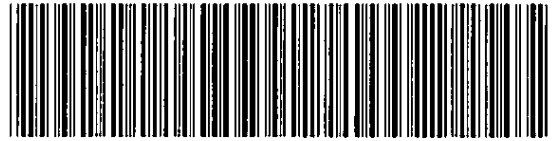
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**J. HORNE**

**MAR - 5 2024**

Office Use Only



**100424214861**

02/30/24--01007--012 \*\*25.00

24 FEB 20 10:10:45  
MAR 5 2024

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tomoka Surgery Center, LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Linda Parker  
(Contact Person)

Tomoka Surgery Center  
(Firm/Company)

790 Dunlawton Ave Ste A  
(Address)

Port Orange, FL 32127  
(City/State and Zip Code)

For further information concerning this matter, please call:

Linda Parker at ( 386 ) 672-4232  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



24 FEB 20 3:10:47  
DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**  
(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Tamaha Surgery Center, LLC

2. The Florida document/registration number assigned to this limited liability company is: Document # L04000041060

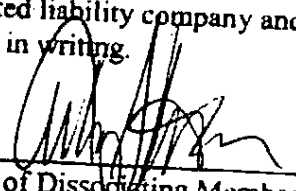
3. The date this member/manager withdrew/resigned or will withdraw/resign is: Feb 1, 2024

4. I, Alan D. Spertus M.D., hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGRM

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**  
(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Tamaka Surgery Center, LLC

2. The Florida document/registration number assigned to this limited liability company is:

Document # L04000041060

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Feb 1, 2024

4. I, Alan D. Spertus M.D., hereby withdraw/resign as a

(Print Name of Person Resigning)

M.G.A.M.

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)