

M12000000289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FEB 27 2018

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB 26 PM 12:58

BRAD MILLER, P.C.
70 West Cushing Street
Tucson, Arizona 85701
(520) 547-2447 Phone
(520) 882-2640 Fax

February 20, 2018

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

Re: I-4 West Surgical Services, LLC

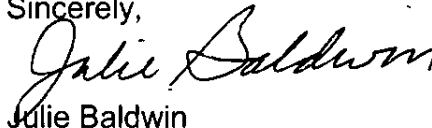
Ladies and Gentlemen:

Enclosed for filing are the following:

1. Original and one copy of the Notice of Withdrawal of Certificate of Authority for I-4 West Surgical Services, LLC.
2. Check in the amount of \$30.00 for the filing fee and Certificate of Status.

Please send me a file-stamped copy in the enclosed self-addressed envelope.
Please call me if you have any questions.

Sincerely,



Julie Baldwin
Legal Assistant

/jb
Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: I-4 West Surgical Services, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julie Baldwin

(Name of Person)

Brad Miller, P.C.

(Firm/Company)

70 West Cushing Street

(Address)

Tucson, AZ 85701

(City/State and Zip Code)

For further information concerning this matter, please call:

Stephanie Hopper

(Name of Person)

520

382-1294

at ()

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input checked="" type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

I-4 West Surgical Services, LLC

(Name of limited liability company)

Nevada

(Jurisdiction of its organization)

1-17-12

(Date registered with Florida Department of State)

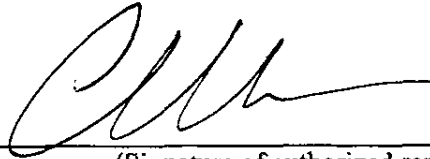
M12000000289

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

Christopher Gleason, the Manager of NextMed Holdings, LLC,
the Manager of NextMed Management Services, LLC, the Manager
of I-4 West Surgical Services, LLC

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB 26 PM 12:38