

MIL0000003332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

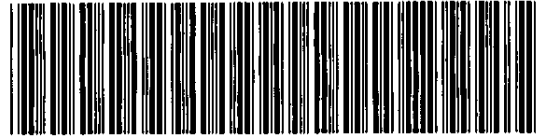
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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06/01/16--01002--024 \*\*25.00

FILED  
16 JUN - 1 AM 9:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
DEPARTMENT OF STATE  
16 Jun-1 AM 10:37

J. HARRIS  
JUN 02 2016

CT

June 1, 2016

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re: Order #: 10032034 SO  
Customer Reference 1: FL Withdrawal  
Customer Reference 2:

Dear Department of State, Florida :

Please obtain the following:

West Coast Surgicenter, LLC (DE)  
Cancellation  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
Connie.Bryan@wolterskluwer.com

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** West Coast Surgicenter, 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:

Natalie H. Cline

\_\_\_\_\_  
(Name of Person)

West Coast Surgicenter, LLC

\_\_\_\_\_  
(Firm/Company)

One Park Plaza

\_\_\_\_\_  
(Address)

Nashville, TN 37203

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ceci Estill

\_\_\_\_\_  
(Name of Person)

615 344-2994

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:

- \$25 Filing Fee       \$30 Filing Fee & Certificate of Status       \$55 Filing Fee & Certified Copy       \$60 Filing Fee, Certificate of Status & Certified Copy

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

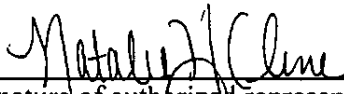
West Coast Surgicenter, LLC  
(Name of limited liability company)

Delaware  
(Jurisdiction of its organization)

04/22/2016  
(Date registered with Florida Department of State)

M1600003332  
(Florida Document Number)

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

  
(Signature of authorized representative)

Natalie H. Cline  
(Typed or printed name of signee)

**Filing Fee: \$25.00**

**FILED**  
16 JUN -1 AM 9:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA