P09000051050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

dissolution

DEC 30 2016

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Kendon Anesthesia Inc.

DOCUMENT NUMBER: P09000051050

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brett Kendon
(Name of Contact Person)

(Firm/Company)

2370 N ~~[illegible]~~ Ft. Thomas Ave
(Address)

Ft. Thomas, KY 41075
(City/State and Zip Code)

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For further information concerning this matter, please call:

Brett Kendon at (305) 761-5669
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ $35 Filing Fee
- ☐ $43.75 Filing Fee & Certificate of Status
- ☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- ☐ $52.50 Filing Fee, Certificate of Status & Certified Copy (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Kendon Anesthesia Inc.

SECOND: The document number of the corporation (if known): P09000051050

THIRD: The date dissolution was authorized: 12-26-2016

Effective date of dissolution if applicable: 12-26-2016

(no more than 90 days after dissolution file date)

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.

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

____

(voting group)

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Signature: ____________________

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Brett Kendon

(Typed or printed name of person signing)

Officer

(Title of person signing)