

To

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2022-12-07 15:13:28 GMT

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From: Darren Wallace

12/6/22, 2:17 PM

Division of Corporations

P11 000096442

Florida Department of State
Division of Corporations
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(((H22000410701 3)))



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DISSOLUTION OR WITHDRAWAL
OUTPATIENT ANESTHESIA OF SOUTHWEST FLORIDA, INC.

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December 6, 2022

FLORIDA DEPARTMENT OF STATE

Division of Corporations

OUTPATIENT ANESTHESIA OF SOUTHWEST FLORIDA, INC.
3949 EVANS AVENUE, SUITE 102
FORT MYERS, FL 33901

SUBJECT: OUTPATIENT ANESTHESIA OF SOUTHWEST FLORIDA, INC.
REF: P11000096442

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FBI FD

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline

FAX Aud. #: H22000410701

Regulatory Specialist II Supervisor

Letter Number: 722A00027055

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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:
OUTPATIENT ANESTHESIA OF SOUTHWEST FLORIDA, INC.

SECOND: The document number of the corporation (if known): P11000096442

THIRD: The date dissolution was authorized: NOVEMBER 15, 2022

Effective date of dissolution if applicable: DECEMBER 31, 2022

(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: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

Signature:



(By a director, president or 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)

CHARLES A. BISBEE, M.D.

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: OUTPATIENT ANESTHESIA OF SOUTH WEST FLORIDA, INC.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: _____

DECEMBER 31, 2022

(date filed with the Dept. of date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

* The subject matter of the claim.

* The date that the claim came into existence.

* The names of the people that are involved with the claim.

* Any other material information that pertains to the claim.

Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

Wiltshire, Whitley, Richardson & English, P.A.

5249 Summerlin Commons Blvd, Suite 100

Fort Myers, Florida 33907

Attention: William B. Wiltshire, CPA

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

CHARLES A. BISBEE, M.D., PRESIDENT

Printed Name of the Person Filing

Charles A. Bisbee, MD
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

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