

460151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

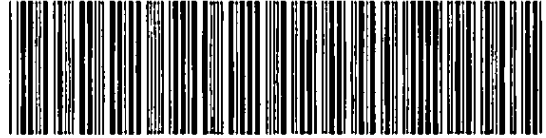
(Business Entity Name)

(Document Number)

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

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*Dissolution*

DEC 07 2021

D CUSHING

# SHUMAKER

CHERYL L. GORDON  
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November 10, 2021

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

Re: Professional Anesthesia Associates of Venice, P.A.  
File No. P00002-123178

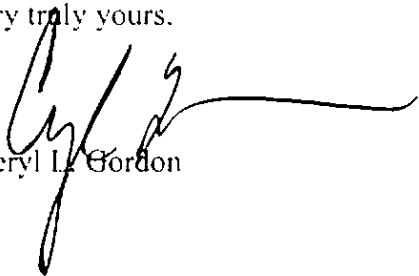
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TALLAHASSEE, FL

To Whom It May Concern:

Enclosed herewith please find Articles of Dissolution for the referenced Corporation, together with a check in the amount of \$35.00 to cover the filing fee.

Please return the letter of acknowledgement to the undersigned in the envelope provided.

Very truly yours,

  
Cheryl L. Gordon

CLG/jmm  
Enclosures

## 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: PROFESSIONAL ANESTHESIA ASSOCIATES OF VENICE, P.A.

SECOND: The document number of the corporation (if known): 460151

THIRD: The date dissolution was authorized: November 5, 2021

Effective date of dissolution if applicable: \_\_\_\_\_  
(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 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)

Dan L. Kirkpatrick

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35**

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