

L10000089897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

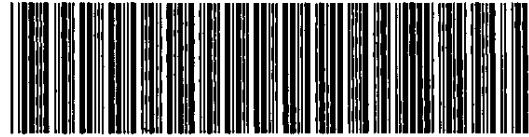
(Business Entity Name)

(Document Number)

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2012 DEC 10 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan DEC 11 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATIONAL ANESTHESIA PROVIDERS, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Lieberman

(Name of Person)

NATIONAL SURGICAL CENTERS OF AMERICA, LLC

(Firm/Company)

5365 W. Atlantic Avenue, Suite 504

(Address)

Delray Beach, FL 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Lieberman

(Name of Person)

at (561) 241-9300 x 1028

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

ρ \$25.00 Filing Fee

ρ \$30.00 Filing Fee &
Certificate of Status

ρ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

ρ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
2012 DEC 10 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
NATIONAL ANESTHESIA PROVIDERS, LLC

2. The Articles of Organization were filed on August 26, 2010 and assigned document number
L10000089897

3. The date the dissolution was approved: December 6, 2012

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
608.441, Florida Statutes, (copy 608.441 on back cover letter).

No longer active

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective
rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be
entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

Dr. Jeffrey A. Zipper, M.D. for

National Surgical Centers of America, LLC