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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383  
From: Account Name : REZLEGML, LLC  
Account Number : I20140000033  
Phone : (904) 567-1177  
Fax Number : (904) 567-1066

LLC DISSOLUTION OR WITHDRAWAL  
FOREMOST ANESTHESIA STAFFING, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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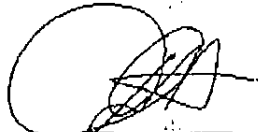
S. WARREN  
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ARTICLES OF DISSOLUTION  
FOR  
FOREMOST ANESTHESIA STAFFING, LLC

1. The name of the limited liability company as currently filed with the Florida Department of State is Foremost Anesthesia Staffing, LLC (the "Company").
2. The Articles of Organization were filed on May 14, 2012 and assigned document number L12000065307.
3. Dissolution of the Company was unanimously approved as of February 19, 2018 by the consent of the Members and Manager of the Company. The number of votes cast for dissolution was sufficient for approval. Dissolution of the Company shall be effective immediately.
4. All debts, liabilities and obligations of the Company have been paid or discharged.
5. All remaining property and assets have been distributed to the Members in accordance with its respective rights and interests.
6. There are no suits pending against the Company in any court.

The undersigned, being the Manager of the Company, hereby approves the above Articles of Dissolution this 19<sup>th</sup> day of February, 2018.



Deivid Miller, M.D., Manager

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Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F. S.

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

Name of Limited Liability Company: Foremost Anesthesia Staffing, LLC

Document Number of Limited Liability Company is: L12000065307

Date of Dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a written claim:

- Date of event giving rise to claim.
- Nature of claim/description of event giving rise to claim.
- Amount of claim.
- Name and contact information of claimant.
- Copies of any written agreement or other documentation supporting claim.

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

Deivid Miller, M.D.  
1665 Kingsley Avenue, Suite 105  
Orange Park, Florida 32073

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

Deivid Miller, M.D., Manager

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