

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document,

(((H16000017293 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : JAM MARK LIMITED Account Number : I20000000112 Phone : (305)789-7758

Fax Number

LLC DISSOLUTION OR WITHDRAWAL SURGICAL CENTER AT SUN 'N LAKE ANESTHESIA, LÉG

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

L.J

IATE BRIB/ Electronic Filing Menu

Corporate Filing Menu

Help

JAN 22 2016

S. YOUNG

(((H160000172933)))

ARTICLES OF DISSOLUTION

OF

SURGICAL CENTER AT SUN 'N LAKE ANESTHESIA, LLC

The undersigned, in its capacity as an authorized person of SURGICAL CENTER AT SUN 'N LAKE ANESTHESIA, LLC, a limited liability company organized and existing under the Limited Liability Company Act of the State of Florida (the "Limited Liability Company"), desires to dissolve the Limited Liability Company, and in furtherance

HEREBY CERTIFIES:

FIRST: The name of the Limited Liability Company is SURGICAL CENTER AT SUN 'N LAKE ANESTHESIA, LLC.

SECOND: The Articles of Organization were filed on September 19, 2012, and assigned document number L12000119857.

THIRD: The date the dissolution was authorized is $\frac{12\sqrt{3+\sqrt{1}}}{12\sqrt{1}}$, 2015. The dissolution shall be effective with the Florida Secretary of State upon the filing of these Articles of Dissolution.

FOURTH: Pursuant to section 605.0707, Florida Statutes, the Limited Liability Company's dissolution is a result of the consent of the Members.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Dissolution on this (2/31), 2015.

AUTHORIZED PERSON

CHIDGICAL CENTED AT SITNINI AKE III

Clyde Vanterpool, M.D., President

ANESTHESIA SOLUTIONS, PLLC

Juan P. Ros Carretero, M.D., Manager

(((H16000017293 3)))