

L17000092448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

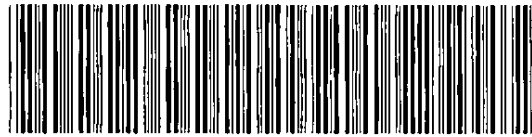
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



600300429766

SECRETARY OF STATE
CORPORATION DIVISION
300 EAST WASHINGTON STREET
TALLAHASSEE, FLORIDA 32309

17 JUN 19 AM 11:15

FILED

FILED

2017 JUN 19 PM 4:17

S. WARREN

JUN 20 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 690928 7509084

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : June 19, 2017

ORDER TIME : 3:33 PM

ORDER NO. : 690928-005

CUSTOMER NO: 7509084

DOMESTIC FILINGS

NAME: ANESTHESIA PHYSICIAN SOLUTIONS
OF GEORGIA MANAGEMENT, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT#

EXAMINER'S INITIALS: _____

**ARTICLES OF DISSOLUTION
OF
ANESTHESIA PHYSICIAN SOLUTIONS OF GEORGIA MANAGEMENT, LLC**

Pursuant to the provisions of Section 605.0707 of the Florida Revised Limited Liability Company Act, the undersigned limited liability company adopts the following Articles of Dissolution for the purposes of dissolving the limited liability company:

1. The name of the limited liability company filing these Articles of Dissolution is Anesthesia Physician Solutions of Georgia Management, LLC, a Florida limited liability company (the "Company"). The Articles of Organization of the Company were filed on April 21, 2017 under Document No. L17000092448.

2. The Company has made adequate provision for the payment and discharge of all liabilities and obligations.

3. There are no actions pending against the Company in any court.

4. The Company has no assets and the business for which the Company was organized has not begun.

5. The Company elected to dissolve by unanimous written consent of its sole member, dated as of May 2, 2017, to be effective upon filing.

6. Signature of an authorized person, or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

COMPANY:

ANESTHESIA SOLUTIONS OF GEORGIA
MANAGEMENT, LLC,
a Florida limited liability company

By: _____

Robert Coward, Manager

Filing Fee: \$25

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17 JUN 19 AM 11:15
STATE
OF FLORIDA
TALLAHASSEE, FLORIDA

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 the 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: ANESTHESIA PHYSICIAN SOLUTIONS OF GEORGIA MANAGEMENT, LLC

Document number of Limited Liability Company is: L17000092448

Date of dissolution will be the date the Articles of Dissolution are filed.

Description of information that must be included in a claim:

Information regarding the amount and nature of the claim

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

Jillian Marcus, Esq.
Sheridan Healthcare, Inc.
7700 West Sunrise Boulevard
Plantation, Florida 33322

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.

COMPANY:

ANESTHESIA PHYSICIAN SOLUTIONS OF GEORGIA MANAGEMENT, LLC
a Florida limited liability company

By: _____

Robert Coward, Manager

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STATE
OF FLORIDA

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00.

**CONSENT BY THE SOLE MEMBER OF
ANESTHESIA PHYSICIAN SOLUTIONS OF GEORGIA MANAGEMENT, LLC**

The undersigned, being the sole Member of ANESTHESIA PHYSICIAN SOLUTIONS OF GEORGIA MANAGEMENT, LLC (the "Company"), a limited liability company organized and existing under the laws of the State of Florida, does unanimously agree, consent to, adopt and order the following resolutions:

WHEREAS, the sole Member has determined that it is in the best interests of the Company to dissolve the Company's existence.

RESOLVED: That the sole Member of the Company consents to the liquidation and dissolution of the Company; and it is,

RESOLVED: That the Company shall distribute any and all of its assets of any kind whatsoever to its sole Member or its assigns in accordance with its respective rights and interests; and it is,

RESOLVED: That the Managers or officers of the Company are authorized and directed to execute any assignments and conveyances and to do and perform all acts as may be necessary or appropriate for the carrying out of the purposes of the foregoing resolutions and shall cause to be filed with the Florida Department of State, Articles of Dissolution executed by the Company through its Managers, to be effective upon filing; and it is,

RESOLVED: That any and all actions taken by the Managers or officers of the Company in connection with any and all of the matters discussed in the foregoing resolutions are confirmed and ratified as properly authorized acts of the Company; and it is,

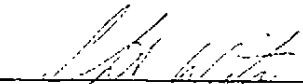
RESOLVED: That the Secretary of the Company is directed to file this Consent with the books and records of the Company.

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17 JUN 19 AM 11:16
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

The undersigned has executed this Consent of the Sole Member as of May 2, 2017 for the purpose of giving its consent.

SOLE MEMBER:

HCA-SHERIDAN HOLDINGS, LLC,
a Delaware limited liability company

By: 
Christine Weinstein, Chief Operating Officer

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17 JUN 19 AM 11:16
CLERK OF SUPERIOR COURT
STATE OF FLORIDA