

N96000001871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

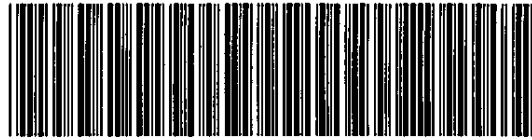
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Sign

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November 29, 2006

Florida Department of State
Division of Corporations
Amendment Section
Post Office Box 6327
Tallahassee, Florida 32314

RE: Dissolution of Bay Area Society of Anesthesiologists, Inc.

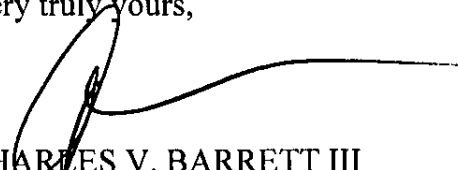
Dear Sirs and Mesdames:

I am enclosing herewith an original and one copy of the Articles of Dissolution for the above-named corporation. In addition, a check in the amount of \$35.00 is enclosed which represents the following fees:

Please file the original of the enclosed Articles of Dissolution and return a stamped copy in the envelope provided.

Your prompt attention to this matter is appreciated.

Very truly yours,



CHARLES V. BARRETT III

CVB/mw
encl.

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
Bay Area Society of Anesthesiologists, Inc.

SECOND: The document number of the corporation (if known): N96000001871

THIRD: Adoption of Dissolution
(Complete Section I or II)

SECTION I

If the corporation has members entitled to vote:

The date of the meeting of members at which the resolution to dissolve was adopted
February 20, 2006

(CHECK ONE)

☒ The number of votes cast for dissolution was sufficient for approval.

☐ The resolution was adopted by written consent and executed in accordance with
617.0701, Florida Statutes.

SECTION II

If the corporation has no members or members entitled to vote on the dissolution.

The corporation has no members or members entitled to vote on the dissolution.

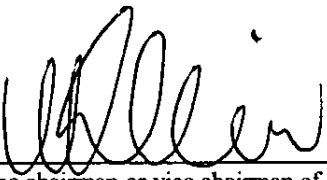
The date of adoption of the resolution by the board of directors was Feb 20th 2006

The number of directors in office was 2 and the vote for resolution was

2 for and 0 against. (must be a majority vote)

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SECRETARY OF STATE

FOURTH: Effective date of dissolution if applicable: February 20, 2006
(no more than 90 days after dissolution file date)

Signature 
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Malcom Klein, M.D.
(Typed or printed name of the person signing)

Secretary/Treasurer
(Title of person signing)

FILING FEE: \$35