

PD1000005187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

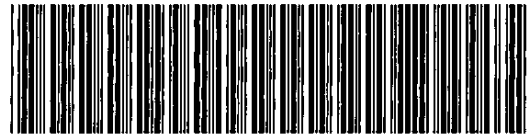
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 NOV 20 PM 2:09*

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 11, 2006

D. WENNIGER 2nd mailing
PROFESSIONAL ANESTHESIA
39B REGAL COURT
VIRGINIA BEACH, VA 23452

SUBJECT: PROFESSIONAL ANESTHESIA, INC.
Ref. Number: P01000005187

We have received your document for PROFESSIONAL ANESTHESIA, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

You have submitted two documents to dissolve the subject corporation. Please choose the correct type of dissolution according to Florida Statutes and resubmit only one document.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 106A00057278

Just received this letter

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

PROFESSIONAL ANESTHESIA, INC.

SECOND: The document number of the corporation (if known): P1000005187

THIRD: The file date of the articles of incorporation: 01/11/2001

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signature: D. Werniger

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

D. WERNIGER
(Typed or printed name of person signing)

PRES
(Title of Person Signing)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA