

PD10000091404

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2016 FEB 10 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Art Diss with notice

FEB 11 2016

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GAINESVILLE OUTPATIENT ANESTHESIA, PC

DOCUMENT NUMBER: P01000091404

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KATHY WALSH
(Name of Contact Person)

GAINESVILLE OUTPATIENT ANESTHESIA (PC)
(Firm/Company)
NOW - current - Sheridan Health Corp
4600 Newberry Rd
(Address)

GAINESVILLE, FL 32607
(City/State and Zip Code)

For further information concerning this matter, please call:

KATHY WALSH at 352-367-2310
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☒ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

50.00
already set
of 205.00
Enclosed

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2016

KATHY WALSH
SHERIDAN HEALTH CARE
4600 NEWBERRY ROAD
GAINESVILLE, FL 32607

SUBJECT: GAINESVILLE OUTPATIENT ANESTHESIA, P.A.
Ref. Number: P01000091404

We have received your document for GAINESVILLE OUTPATIENT ANESTHESIA, P.A. and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 516A00001963

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16 FEB 10 PM 1:16



ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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:

GAINESVILLE OUTPATIENT ANESTHESIA, PA

SECOND: The document number of the corporation (if known): PO100009140X

THIRD: The date dissolution was authorized: 12/31/2015

Effective date of dissolution if applicable: 12/31/2015

(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

Kathy Walsh, Mark Blas, Ronald Freeman
(voting group)
David Rowell, Andrzej Nowicki

Signature: Kathy Walsh

(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)

KATHY WALSH

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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2016 FEB 10 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: GAINESVILLE OUT PATIENT ANESTHESIA

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 claim:

Name

Address

Telephone

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

4600 Newberry Rd

Gainesville, FL 32607

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

KATHY WALSH
Printed Name of the Person Filing

Kathy Walsh
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00