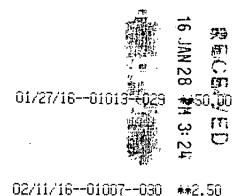
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| (Reque | stor's Name) |
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| (Addres | s) |
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| PICK-UP | WAIT MAIL |
| (Busine | ss Entity Name) |
| (Docum | ent Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to Filin | g Officer: |
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FEB 11 2016 I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations

| SUBJECT: GAINES VICLE OUT PATIFUT ANESTHESIA, N |
|--|
| DOCUMENT NUMBER: PO1000091464 |
| The enclosed Articles of Dissolution and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| (Name of Contact Person) |
| (Name of Contact Person) |
| BAINESVILLE OUTPATITENT ANESTHESIA (POST) NOW- Current - Sheridan Health Corp 4400 Newberry Rd (Address) |
| 6 AINESVILLE FL 32608 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Contact Person) at (352-367-2310) (Area Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$35 Filing Fee \$\times \\$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed) MAILING ADDRESS: \$43.75 Filing Fee & \$\times \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) STREET ADDRESS: |
| MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Mailing Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |



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

RECEIVED FEB 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: |
|---------|---|
| | GRINESVILLE DUT PATIENT ANESTHESIA, 1 |
| SECOND: | The document number of the corporation (if known): POIODOG 9140 Y |
| THIRD: | The date dissolution was authorized: |
| | 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 |
| | Kothy Walsh, Marh Blas, Ronald Freeman David Rowell, Andrsej Nowick. |
| | David Rowell, Hidisey Rowell |
| | 1/ |
| | Signature: Katly Wals |
| | (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) |
| | that fiduciary) KATAY WAUSH EEE 5 T |
| | (Typed or printed name of person signing) |
| | 1 |
| | (Title of person signing) |

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.

GAINESVILLE OUT PATIENT AMESTORESAN 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 4600 Newberry Rd 6ansvelle FC 3260) bansvelle Fr 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.