Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

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From:

Account Name

: PAUL SMITH

Account Number : 120010800247

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DISSOLUTION

AMBULATORY ANESTHESIA ASSOCIATES, INC.

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\$35.00

https://ccfss1.dos.state.fl.us/scripts/efilcovr.exe

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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 is: AMBULATORY ANESTHESIA ASSOCIATES, INC.
SECOND:	The date dissolution was authorized: 1-1s-02
THIRD:	Adoption of Dissolution (CMECK ONE)
☑ Diss was	solution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.
☐ Dias	solution was approved by vote of the sharehulders through voting groups.
7 e	the following statement must be separately provided for each voting group mittled to vote separately on the plan to dissolve:
The	number of votes cast for dissolution was sufficient for approval by
	(voting group)
Sų	gned this 18TH day of JANUARY 2002
Signature_	(By the Chairman of the Board, President, or other office)
	LUOWIG BAVETTA
	(Typed or printed marke)