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DISSOLUTION OR WITHDRAWAL

ANESTHESIA COOPERATIVE OF TALLAHASSEE, P.A.

Certificate of Status	0
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December 31, 2008

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ANESTHESIA COOPERATIVE OF TALLAHASSEE, P.A.
18122 HIGHWAY 18
APPLE VALLEY, CA 92307US

SUBJECT: ANESTHESIA COOPERATIVE OF TALLAHASSEE, P.A.
REF: P02000052144

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must state the date the dissolution was authorized.

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) 245-6906.

Darlene Connell
Regulatory Specialist II

FAX Aud. #: H08000280885
Letter Number: 008A00062082

H08000280885

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:

Anesthesia Cooperative of Tallahassee, P.A.

SECOND: The document number of the corporation (if known): P02000052144

THIRD: The date dissolution was authorized: 12-29-08

Effective date of dissolution if applicable:

(no more than 90 days after dissolution file date)

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

(voting group)

Signature: Michael Pesce

(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)

Michael Pesce

(Typed or printed name of person signing)

Director

(Title of person signing)

Filing Fee: \$35

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