

1020000065314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

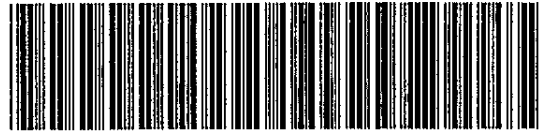
(Business Entity Name)

(Document Number)

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000042832970

12/03/04--01021--009 \*\*35.00

FILED  
04 DEC - 3 PM 4:05  
TALLAHASSEE, FLORIDA

VOL DIS  
MD 12/18

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ST Augustine Anesthesia Associates, P.A.

**DOCUMENT NUMBER:** P02000065314

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

Please return all correspondence concerning this matter to the following:

Paul J. Lineberry  
(Name of Person)

ST Augustine Anesthesia Associates, PA  
(Name of Firm/Company)

214 Sophia Terrace  
(Address)

ST. Augustine, FL 32095  
(City/State/and Zip Code)

For further information concerning this matter, please call:

Paul J. Lineberry at (904) 599-9057  
(Name of 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)

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

## 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 Department of State:

St. Augustine Augusta Association, PA

SECOND: The document number of the corporation (if known): P02 0006 65314

THIRD: The date dissolution was authorized: 30 Nov 2004

Effective date of dissolution if applicable: 30 Nov 2004  
(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 of 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

100% of shareholders  
(voting group)

Signed this 30th day of November, 2004

Signature: Paul J Lineberry

(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)

Paul J Lineberry

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED  
DEC-3 PM 4:05  
TALLAHASSEE FLORIDA  
STATE