

P020000128822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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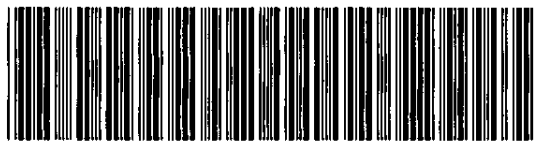
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 DEC 17 PM 2:47

Art Diss/CC  
@ 12/19/07

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DISSOLUTION OF CORPORATION.

**DOCUMENT NUMBER:** P02000 12 8822 TW-010760387

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

Please return all correspondence concerning this matter to the following:

PAUL BERTRAND  
(Name of Contact Person)

BERTRAND ANESTHESIA + ASSOCIATES INC.  
(Firm/Company)

6586 HYPOLEX RD. SUITE #245  
(Address)

LAKE WORTH, FL, 33467  
(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL BERTRAND at (561) 573-2077  
(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)

**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

**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:

BERTRAND ANESTHESIA & ASSOCIATES INC.

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

P02000128822 TIN 010760387

THIRD: The date dissolution was authorized:

DECEMBER 14 / 2007

Effective date of dissolution if applicable:

DECEMBER 14 / 2007  
(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

BERTRAND ANESTHESIA & ASSOCIATES - PAUL BERTRAND - PRESIDENT  
(voting group)

Signature: Paul Bertrand  
(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 BERTRAND  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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## 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: BERTRAND ANESTHESIA & ASSOCIATES INC.

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:

1. COPY OF CONTRACT

2. LAW UNDER WHICH CLAIM IS BROUGHT.

3. PROOF OF A DISPUTE OR UNRESOLVED ISSUE.

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

6586 HYPOLUXO Rd.

SUITE 245

LAKE WORTH, FL

33467

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.

PAUL BERTRAND

Printed Name of the Person Filing

Paul Bertrand - PRESIDENT -  
Signature of the Person Filing

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