

P030000049339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

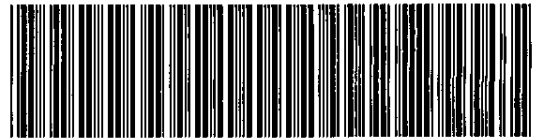
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/20/11--01015--005 \*\*43.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 DEC 20 AM 11:00

AND DIS  
CUS  
@ 12/22/11

**MICHELLE ABRAMSON WAYNE**

1016 GOLDEN CANE DRIVE  
WESTON, FL. 33327

TELEPHONE: (954) 821-3011

12-08-11

Corporate Records Bureau  
Division of Corporations  
Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Dissolution of CRNA AT WORK, INC.

Dear Sir:

Enclosed is an original and a copy of the Articles of Dissolution for the above corporation.

Also enclosed is a check payable to the Secretary of State in the amount of \$43.75 representing a \$35.00 filing fee for the Articles of Dissolution, and \$8.75 for a Certificate of Status.

Very truly yours,

  
MICHELLE ABRAMSON WAYNE

RECEIVED

11 DEC 19 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF DISSOLUTION

Pursuant to 607.1403, Florida Statutes, this corporation submits the following articles of dissolution:

- FIRST: The name of the corporation is CRNA AT WORK, INC.  
Corporate number: P03000049339
- SECOND: The articles of incorporation were filed on 04-28-03.
- THIRD: The date dissolution was authorized was 12-08-11.
- FOURTH: Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
- FIFTH: The corporation has no intention of revoking this voluntary dissolution and its name is available for immediate use by any other corporation.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 DEC 20 AM 11:00

Signed this 12-08-11.

FURTHER AFFIANT SAYETH NAUGHT.

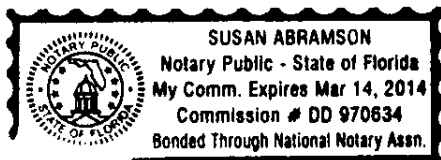
  
AFFIANT/MICHELLE ABRAMSON WAYNE, President/Chairman

of the Board

The foregoing instrument was acknowledged before me this 15<sup>th</sup> day of December, 2011, by MICHELLE ABRAMSON WAYNE, who personally appeared, and known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, that I relied upon the following form of identification of the above-named person[s]:  
DRIVERS LICENSE OF Michelle Abramson Wayne  
W50034170834

Witness my hand and seal at said county and state this 15<sup>th</sup> day of December, 2011

My commission expires



  
Signature of Notary Public

Susan Abramson  
Printed Name