

P04000114914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

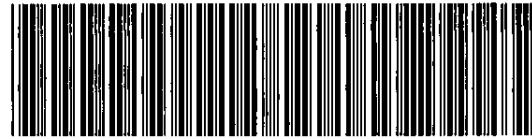
(Document Number)

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*VD/w [signature]*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 DEC - 2 PM 12:52

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PHC ANESTHESIA, PA

**DOCUMENT NUMBER:** P04000114914

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

Please return all correspondence concerning this matter to the following:

PAUL CRAWFORD

(Name of Contact Person)

PHC ANESTHESIA, PA

(Firm/Company)

10811 NE 8TH CT

(Address)

BISCAYNE PARK, FL 33161

(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL CRAWFORD

(Name of Contact Person)

at ( 305 ) 892-4530

(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:

PAC ANESTHESIA, PA.

SECOND: The document number of the corporation (if known): P04000114914

THIRD: The date dissolution was authorized: 11.29.11

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: \_\_\_\_\_

(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 Cranford  
(Typed or printed name of person signing)

President  
(Title of person signing)

**Filing Fee: \$35**

FILED  
IN DEC 2 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## 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: PHC ANESTHESIA, P.A.

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:

Copy of ORIGINAL INVOICE with date and authorization code  
NAME of CLAIMANT'S ORIGINAL CONTACT PERSON with PHC  
NAME of PHC representative who AUTHORIZED TRANSACTION  
Proof of billing

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

10811 NE 8TH CT  
BISCAYNE PARK, FL 33161

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 CRAWFORD

Printed Name of the Person Filing

P Crawford

Signature of the Person Filing

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