

P05000125333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

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05/20/11--01049--017 **43.75

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SECRETARY OF STATE
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Valdis
w/notice
7/7/11
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 JUL -5 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 31, 2011

DONALD W. MILNE
MILLENNIA ANESTHESIA ASSOCIATES, INC.
43947 GENERATION AVE.
LANCASTER, CA 93536

SUBJECT: MILLENNIA ANESTHESIA ASSOCIATES, INC.
Ref. Number: P05000125333

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

We are enclosing the proper form(s) with instructions for your convenience.

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

Letter Number: 611A00013268

6/27/11

THE CHECK FOR \$43.75
WAS RETAINED BY YOU. THEREFORE
PLEASE FIND THE PAPERWORK
REQUESTED

THANK YOU

Don Milne

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Millenai Anesthesia Associates

DOCUMENT NUMBER: P05000125333

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

Please return all correspondence concerning this matter to the following:

Donald W Milne

Name of Contact Person

Millenia Anesthesia Associates

Firm/Company

43947 Generation Ave

Address

Lancaster, CA, 93536

City/State and Zip Code

paguy001@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donald Milne

Name of Contact Person

at (301) 792-6515

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 607.1401, 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:

MILLENNIA ANESTHESIA ASSOCIATES, INC.

SECOND: The document number of the corporation (if known): P05000125333

THIRD: The file date of the articles of incorporation: 09-12-05

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

Signature: _____

Donald W. Milne

(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.)

DONALD W MILNE

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$35

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: MILKENIA 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:

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

43947 GENERATION AVE
CANRASTER CA
93536

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.

DONALD W. MILNE

Printed Name of the Person Filing



Signature of the Person Filing

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