

PD00000082384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

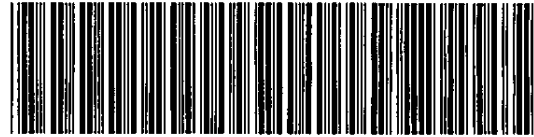
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/28/14--01024--014 **43.75

FILED
MAR 28 PM 1:51
14 MAR 28 PM 1:51

Att Dias/w notice
@ 3/31/14
CIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Southwest Acute Surgical Care, Inc.

DOCUMENT NUMBER: P06000082384

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

Please return all correspondence concerning this matter to the following:

Carol A. Licko

(Name of Contact Person)

Hogan Lovells US LLP

(Firm/Company)

600 Brickell Avenue, Suite 2700

(Address)

Miami, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Carol A. Licko

(Name of Contact Person)

at (305) 459-6612

(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:

Southwest Acute Surgical Care, Inc.

SECOND: The document number of the corporation (if known): P06000082384

THIRD: The date dissolution was authorized: March 1, 2014

Effective date of dissolution if applicable: Upon filing
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

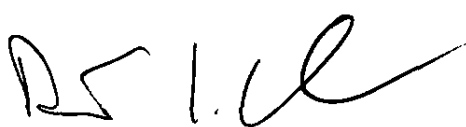
☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ 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)

Dexter Sereda

(Typed or printed name of person signing)

Director

(Title of person signing)

Filing Fee: \$35

FILED
MAR 11 2014
14 PM 28 PM 1:51

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: Southwest Acute Surgical Care, 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:

Name of claimant

Address

Date claim accrued

Nature of Claim

Telephone number

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

Dexter Sereda

Southwest Acute Surgical Care, Inc.

601 N. Flamingo Road, Suite 211

Pembroke Pines, FL 33028

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.

Dexter Sereda, Director

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