

P06000127505

(Receiver)
Mr David E Cutting
12126 Bishopsford Dr
Tampa FL 33626
(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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3-24-08



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FILED

2008 MAR 19 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dis/w/notice
sg

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following article of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Cutting Anesthesia, INC

SECOND: The document number of the corporation (if known): P06000127505

THIRD: The date dissolution was authorized: 10/31/07

Effective date of dissolution if applicable: 10/31/07 (no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

[X] 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: [Handwritten 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)

DAVID CUTTING

(Typed or printed name of person signing)

President

(Title of person signing)

2008 MAR 19 AM 10:44 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: Cutting Anesthesia, 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:

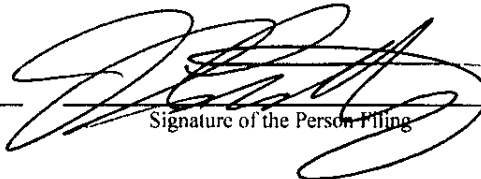
No claims known

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

DAVID E. Cutting
12126 Bishopsford Drive
Tampa, FL 33626

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.

DAVID CUTTING
Printed Name of the Person Filing


Signature of the Person Filing