

P08000057828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JLA Anesthesia, P.A.

DOCUMENT NUMBER: P08000057828

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

Please return all correspondence concerning this matter to the following:

Joanne Anderson

(Name of Contact Person)

JLA Anesthesia, P.A.

(Firm/Company)

38400 N. Schoolhouse, #1877

(Address)

Cave Creek, AZ 85327

(City/State and Zip Code)

For further information concerning this matter, please call:

Joanne Anderson

(Name of Contact Person)

at 813-263-3195

(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

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TALLAHASSEE, FLORIDA

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:

JLA Anesthesia, P.A.

SECOND: The document number of the corporation (if known): P08000057828

THIRD: The date dissolution was authorized: 12/31/2012

Effective date of dissolution if applicable: 12/31/2012
(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)

Joanne Anderson

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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9/2/13