

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

DEC 30 2016

From:

R. Williams

Account Name : SHERIDAN HEALTECORP, INC.
Account Number : I20000000045
Phone : (954) 838-2785
Fax Number : (954) 851-1780

DISSOLUTION OR WITHDRAWAL
SHERIDAN ANESTHESIA SERVICES OF SOUTHWEST
FLORIDA, I

Certificate of Status	0
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SECRET
TALLAHASSEE, FLORIDA

**ARTICLES OF DISSOLUTION
OF
SHERIDAN ANESTHESIA SERVICES OF SOUTHWEST FLORIDA, INC.**

Pursuant to the provisions of Section 607.1403 of the Florida Business Corporation Act, the undersigned corporation adopts the following Articles of Dissolution for the purposes of dissolving the corporation:

1. The name of the corporation filing these Articles of Dissolution is Sheridan Anesthesia Services of Southwest Florida, Inc., a Florida corporation (the "Corporation"). The Articles of Incorporation of the Corporation were filed on October 2, 2015 under Document No. P15000069947.

2. The Corporation has made adequate provision for the payment and discharge of all liabilities and obligations.

3. There are no actions pending against the Corporation.

4. The Corporation has distributed all its remaining assets and property to its sole shareholder or its assigns in accordance with its respective rights and interests.

5. The Corporation elected to dissolve by unanimous written consent of all of its directors and its sole shareholder, dated as of December 24, 2016, to be effective as of December 31, 2016.

CORPORATION:

SHERIDAN ANESTHESIA SERVICES OF
SOUTHWEST FLORIDA, INC.
a Florida corporation

By: 

Jillian Marcus, Vice President

Filing Fee: \$35

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Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against the 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: SHERIDAN ANESTHESIA SERVICES OF SOUTHWEST FLORIDA, 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:

Information regarding the amount and nature of the claim

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

Jillian Marcus, Esq.
Sheridan Healthcare, Inc.
7700 West Sunrise Boulevard
Plantation, Florida 33322

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.

CORPORATION:

SHERIDAN ANESTHESIA SERVICES OF
SOUTHWEST FLORIDA, INC.,
a Florida corporation

By: 

Jillian Marcus, Vice President

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

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