

P20000095045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

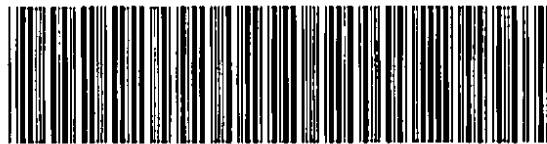
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2022 MAR 10 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

CADENCE INTERVENTIONAL ANESTHESIA< INC>

NAME OF CORPORATION: _____
P200000095048

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

CHRISTINE A. KLEPP

Name of Contact Person

CADENCE INTERVENTIONAL ANESTHESIA, INC.

Firm/Company

8407 ARIMA LANE

Address

WELLINGTON, FLORIDA 33414-6446

City/State and Zip Code

ckleppmd@gmail.com

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

For further information concerning this matter, please call:

DOUGLAS L. PHIPPS, ESQ.

561 373-3315

At (_____) _____

Name of Contact Person

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF REVOCATION OF DISSOLUTION

FILED

Pursuant to section 607.1404, Florida Statutes, this Florida profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or ~~2022~~ **2022** **10** **10** **PM** **4:00**) of the Articles of Dissolution:

CADENCE INTERVENTIONAL ANESTHESIA, INC.
SECRETARY OF STATE
TALLAHASSEE, FL

FIRST: The name of the corporation is: _____

P20000095048

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

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution

JANUARY 31, 2022

filed with the Florida Department of State is _____

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

MARCH 7, 2022

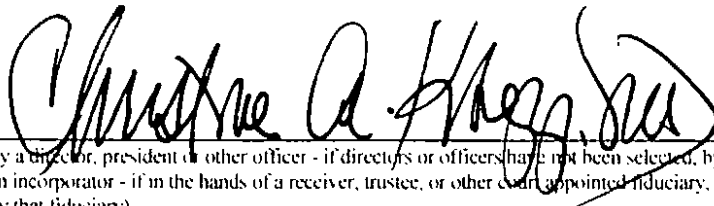
FOURTH: The Revocation of Dissolution was authorized on _____

FIFTH: Adoption of Revocation of Dissolution (check one)

- ☒ The board of directors/incorporation revoked the dissolution.
- ☐ The board of directors revoked the dissolution authorized by the shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization.
- ☐ The shareholders revoked the dissolution and was authorized by the shareholders in the manner required by this chapter and by the articles of incorporation.

SIXTH: A copy of the Articles of Dissolution is attached.

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)

CHRISTINE A. KLEPP

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE \$35

FILED
Jan 31, 2022
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

- FIRST: The name of the corporation as currently filed with the Florida Department of State:
CADENCE INTERVENTIONAL ANESTHESIA, INC.
- SECOND: The document number of the corporation: P20000095048
- THIRD: The file date of the articles of incorporation: December 3, 2020
- FOURTH: None of the corporation's shares have been issued.
- FIFTH: No debt of the corporation remains unpaid.
- SIXTH: The net assets of the corporation remaining after winding up, if any, have been distributed.
- SEVENTH: A majority of the incorporators or directors authorized the dissolution.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: CHRISTINE A. KLEPP

PRESIDENT

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative