

P930000065562

(Requestor's Name)

Alachua Anesthesiologists Inc
4131 NW 13th St
Suite 101
Gainesville FL 32609

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

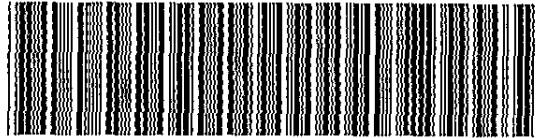
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

VOL DIS
MAD 1/7



600025682226

12/29/03--01032--004 **35.00

03 DEC 29 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Alachua Anesthesiologists, INC

DOCUMENT NUMBER: P93000065562

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

Please return all correspondence concerning this matter to the following:

Domenick E. DiRico Jr, MD,
(Name of Person)

Alachua Anesthesiologists, INC
(Name of Firm/Company)

4131 NW 13th Street, Suite 101
(Address)

Gainesville FL 32609
(City/State/and Zip Code)

For further information concerning this matter, please call:

Domenick DiRico MD at (352) 376-1887
(Name of 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, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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 Department of State:

Alachua Anesthesiologists, INC

SECOND: The document number of the corporation (if known): P9300006562

THIRD: The date dissolution was authorized: 12/2/03

Effective date of dissolution if applicable: 12/31/03
(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 of 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

Shareholders
(voting group)

Signed this 19th day of December, 2003

Signature: Domenick E. DiRico Jr. M.D.
(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)

Domenick E. DiRico Jr., M.D.
(Typed or printed name of person signing)

President Director
(Title of person signing)

Filing Fee: \$35

FILED
DEC 29 AM 9:14
CLERK OF STATE
TALLAHASSEE, FLORIDA