

P43000076144

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Fax Number : (850) 617-6380

From:

Account Name : SHERIDAN HEALTHCORP, INC.
Account Number : I200000000045
Phone : (954) 838-2769
Fax Number : (954) 851-1780

**DISSOLUTION OR WITHDRAWAL
NORTHWEST FLORIDA ANESTHESIA CONSULTANTS,
INC.**

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**ARTICLES OF DISSOLUTION
OF
NORTHWEST FLORIDA ANESTHESIA CONSULTANTS, 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 NORTHWEST FLORIDA ANESTHESIA CONSULTANTS, INC., a Florida corporation (the "Corporation"). The Articles of Incorporation of the Corporation were filed on October 28, 1993 under Document No. P93000076144.

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

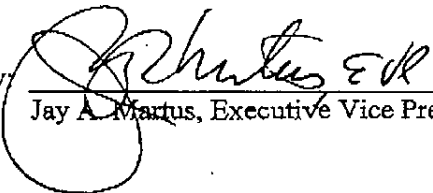
3. There are no actions pending against the Company in any court.

4. The Corporation has distributed all its remaining assets and property to its sole shareholder 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, to be effective upon filing.

CORPORATION:

NORTHWEST FLORIDA ANESTHESIA
CONSULTANTS, INC.,
a Florida corporation

By  Jay A. Martus, Executive Vice President

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