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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Fax Number

: (850)878-5368

Phone : (850) 205-8842

DISSOLUTION OR WITHDRAWAL SURGICARE OF DELAND, INC.

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TO: Amendment Section

COVER LETTER

Division of Corporations	
SUBJECT: Surgicare of Deland, Inc.	
DOCUMENT NUMBER: P94000043064	
The enclosed Articles of Dissolution and	fee are submitted for filing.
Please return all correspondence concernin	g this matter to the following:
Ann K. Rich, Walter Lansdon Dortch & Davis, LL	P, 511 Union Street, Suite 2700, Nashville, TN 37219
(Name of	Contact Person)
Surgicare of Deland, Inc.	
(Fin	m/Company)
40 Burton Hills Blvd., Suite 500	•
(A	ddress)
Nashville, TN 37215	•
(City/Sta	ate and Zip Code)
For further information concerning this me	atter, please call:
Ann K. Rich	at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount	unt:
© \$35 Filing Fee	☐ \$43.75 Filing Fee & ☐ \$52.50 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

DIVISION OF CORPERATIONS

15 JUL -2 AM ID: 20

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:
	Surgicare of Deland, Inc.
SECOND:	The document number of the corporation (if known): P94000043064
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable: (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
	100%
	(valing group)
	Signature: (By a diffector, president of 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)
	Jennifer B. Baldock
	(Typed or printed name of person signing)
	Vice President and Secretary
	(Title of person signing)

Filing Fee: \$35