

795000044890
BOOSE CASEY CIKLIN LUBITZ MARTENS MCBANE & O'CONNELL
A PARTNERSHIP INCLUDING PROFESSIONAL ASSOCIATIONS

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TIMOTHY J. ROOKS
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OF COUNSEL
JULIE ANN ALLISON
JOHN L. REMSEN

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September 2, 1997

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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*****35.00 *****35.00

Dear Sir:

The following was recently furnished to me in error, and I am returning same.

Very truly yours,

Susan L. Priess

Susan L. Priess, CLA
Certified Legal Assistant

Enclosure

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97 SEP -4 AM 9:09

VOID IS
KRA
9/11



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

August 26, 1997

Anesthesia Network, Inc.
Physicians Business Network, Inc.
P.O. Box 948116
Maitland, FL 32794-8116

SUBJECT: ANESTHESIA NETWORK, INC.
Ref. Number: P95000044890

We have received your document for ANESTHESIA NETWORK, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please sign and return your check in order to complete your filing.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6901.

Susan Payne
Senior Section Administrator

Letter Number: 297A00043025

ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: ANESTHESIA NETWORK, INC.

SECOND: The articles of incorporation were filed on: 06/02/95

THIRD: (CHECK ONE)

- ☒ None of the corporation's shares have been issued.
- ☐ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

- ☒ A majority of the incorporators authorized the dissolution.
- ☐ A majority of the directors authorized the dissolution.

Signed this 8 day of AUGUST, 19 97.

Signature

James Carlsen M.D.

(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

JAMES CARLSEN, M.D.

(Typed or printed name)

PRESIDENT

(Title)

91 SEP -4 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA