## P96000082178

## Anesthesia Associates of West Florida, P.A.

11000 6<sup>th</sup> Street East Treasure Island, Florida 33706

FEI NUMBER 59-3414405

April 28, 2002

Department of State P.O. Box 6327 Tallahassee, FL 32314

000005902160--0 -06/21/02--01015--019 \*\*\*\*\*35.00~-\*\*\*\*\*35.00

Department of State:

I am dissolving my corporation, Anesthesia Associates of West Florida, P.A. I have enclosed the Articles of Dissolution. If there is any other information you need or any other action I need to take, please contact me at the above address.

Thank you,

Bobby L. Escoe,

Bolly L fro

President

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VASION OF CORPORATIONS

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SECRETARY OF STATE

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## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 3, 2002

Bobby L. Escoe Anesthesia Associates of West Florida PA 11000 6th Street East Treasure Island, FL 33706

SUBJECT: ANESTHESIA ASSOCIATES OF WEST FLORIDA, P.A. Ref. Number: P96000082178

We have received your document for ANESTHESIA ASSOCIATES OF WEST FLORIDA, P.A. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne Senior Section Administrator

Letter Number: 802A00035738

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## ARTICLES OF DISSOLUTION

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is: ANESTHES AA ASSUCIATES
DE	WEST FLORIDA, P.A.
SECOND:	The date dissolution was authorized: $\frac{12/30/01}{2}$
THIRD:	Adoption of Dissolution (CHECK ONE)
Diss was	solution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.
☐ Diss	solution was approved by vote of the shareholders through voting groups.
	the following statement must be separately provided for each voting group ntitled to vote separately on the plan to dissolve:
The	number of votes cast for dissolution was sufficient for approval by
	(voting group)
Sig	aned this $27^{711}$ day of $APRIL$ , $2002$ .
Signature _	(By the Chairman of Vice Chairman of the Board, President, or other officer)
	BOBBY L. ESCOTE (Typed or printed name)  PRESIDENT (Title)
·	PRESIDENT (Tide)