# P98000008367

## FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 02-28-02

NAME: LAKESIDE ANESTHESIA, INC.

TYPE OF FILING: ARTICLES OF DISSOLUTION

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AUTHORIZATION: ABBIE/PAUL HODGE

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## ARTICLES OF DISSOLUTION

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

| FIRST:      | The name of the corporation is: LAKESIOE ANESTHESIA, INC.   |
|-------------|---|
| SECOND:     | The date dissolution was authorized: $2/20/02$  |
| THIRD:      | Adoption of Dissolution (CHECK ONE)   |
| Diss<br>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.  |
| Ti<br>er    | he following statement must be separately provided for each voting group<br>ntitled to vote separately on the plan to dissolve: |
| The         | number of votes cast for dissolution was sufficient for approval by   |
|             | (voting group)  |
| Sig         | ned this 20th day of February, 2002.  |
| Signature   | (By the Chajrman of Vice Chairman of the Board, President, or other officer)  |
|             | (By the Charles of Vice Chairman of the Board, President, or other officer)  (Typed/or printed name)                            |
|             | PRESIDENT<br>(Title)  |