

P99000052865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

03/18/05--01033--003 \*\*35.00

*dis*

C. Coulliette MAR 25 2005

LAW OFFICE  
**SADER & LeMAIRE, P.A.**  
A PROFESSIONAL ASSOCIATION

Robert L. Sader\*  
Michael R. LeMaire

\* Also admitted in Ohio  
(Inactive)

March 14, 2005

Secretary of State  
Division of Corporations  
Amendments  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Agustin Hernandez, Jr. CRNA P.A.

Dear Sir or Madam:

Enclosed please find the original Articles of Dissolution for the above, together with a check for \$35 for your fee.

If you need anything further, please feel free to call me.

Thank you.

Very truly yours,



Michael R. LeMaire

Encls.

## 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 Department of State:

Agustin Hernandez, Jr., CRNA, P.A.

SECOND: The document number of the corporation (if known): P99000052865

THIRD: The date dissolution was authorized: 01/28/2005

Effective date of dissolution if applicable:

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

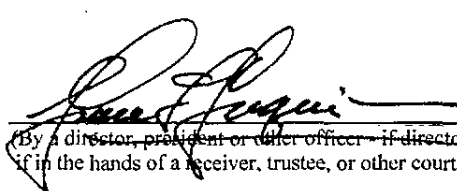
- ☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
- ☐ Dissolution was approved by of the shareholders through voting groups.

*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

(voting group)

Signed this 25<sup>TH</sup> day of FEBRUARY, 2005

Signature: 

(By a director, president or 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)

Grace F. Saqui

(Typed or printed name of person signing)

Director

(Title of person signing)

**Filing Fee: \$35**

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