L14000146051o2

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
AUG 14 2024

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Genesis Critical Care Associates LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and Fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Robert McClennon CPA
(Contact Person)

Robert J McClennon CPA PA
(Firm/Company)

3215 NW 10th Terrace Ste 205
(Address)

Ft Lauderdale FL 33309
(City, State and Zip Code)

For further information concerning this matter, please call:

Robert McClennon at (954) 563-9004
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E079 (2/14)

7/31/24 CK# 2720 $25.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Genesis Critical Care Associates LLC

2. The Florida document/registration number assigned to this limited liability company is: L14000146562

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/30/2024

4. I, Kenneth Baron MD, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: $25.00 (Required)
Certified Copy: $30.00 (Optional)

7/31/24
check 2720
$25.00

CR3E079 (2/14)