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# M73987 Family Practice Associates, P.A.

2125 South Pine Avenue  
Inverness, Florida 34452

Robert B. Holstein, D.O.  
Board Certified Family Practice

(352) 726-5533

August 14, 1999

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

700002961677--1  
-08/17/99--01027--002  
\*\*\*\*\*43.75 \*\*\*\*\*43.75

Dear Sirs,

Please be advised that I am filing Articles of Dissolution for  
**ROBERT B. HOLSTEIN, D.O., PA**, dba Family Health Care, effective  
December 31, 1998.

A check for \$43.75 is enclosed for the filing fee and a certified copy of the dissolution.

Thank you for your assistance in this matter.

Professionally,

*Robert B. Holstein*

Robert B. Holstein, D.O.  
President

DR. HOLSTEIN CHW  
AUTHORIZATION BY PHONE TO  
CORRECT take off DBA  
DATE 12-24  
DOC. EXAM. CHW

FILED  
99 AUG 17 PM 1:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VOID IS  
DRB  
8/24

**ARTICLES OF DISSOLUTION**

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

FILED  
99 AUG 17 PM 1:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation is: Robert B. Holstein, DO

SECOND: The date dissolution was authorized: 12/31/98

THIRD: 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 vote 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 1<sup>st</sup> day of August, 19 99

Signature *Robert B. Holstein, DO*  
(By the Chairman or Vice Chairman of the Board, President, or other officer)

Robert B. Holstein, DO  
(Typed or printed name)

President  
(Title)