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Florida Department of State  
Division of Corporations  
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**DISSOLUTION OR WITHDRAWAL  
FAMILY PRACTICE ASSOCIATES OF JACKSONVILLE, P.A.**

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<b>TO:</b>	Florida Department of State	<b>From:</b>	Donna Ciancutti
<b>Fax:</b>	850-617-6380	<b>Pages:</b>	4
<b>Phone:</b>		<b>Date:</b>	December 15, 2011
<b>Re:</b>	Family Practice Associates of Jacksonville, P.A.	<b>CC:</b>	

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#### CONFIDENTIALITY NOTICE

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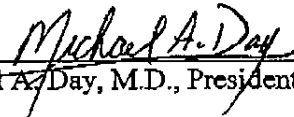
FAMILY PRACTICE ASSOCIATES OF JACKSONVILLE, P.A.

ARTICLES OF DISSOLUTION

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

1. The name of the Corporation as currently filed with the Florida Department of State is Family Practice Associates of Jacksonville, P.A.
2. The document number of the Corporation is P01000013162.
3. Dissolution of the Corporation was unanimously approved on December 6, 2011 by the Shareholders of the Corporation. The number of votes cast for dissolution was sufficient for approval.
4. There are no suits pending against the Corporation in any court.

The undersigned, being the President of the Corporation, hereby approves the above Articles of Dissolution this 9<sup>th</sup> day of December, 2011.

  
\_\_\_\_\_  
Michael A. Day, M.D., President

11 DEC 15 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

NOTICE OF CORPORATE DISSOLUTION

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in Section 607.1407, Florida Statutes.

Name of Corporation is Family Practice Associates of Jacksonville, P.A.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

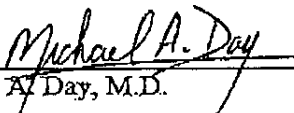
Description of information that must be included in a claim:

1. Date of event giving rise to the claim.
2. Nature of claim/description of event giving rise to the claim.
3. Amount of claim.
4. Name and contact information of claimant.
5. Copies of any written agreements or other documentation supporting claim.

Mailing address where claims can be sent (Claims cannot be sent to the Division of Corporations):

Michael A. Day, M.D.  
2652 Scott Mill Lane  
Jacksonville, Florida 32223

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this notice.

  
\_\_\_\_\_  
Michael A. Day, M.D.