

Feb. 4. 2016 2:11 PM
Division of Corporations

No. 2338 P. 13
Page 1 of 1

P02000012308

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000029778 3)))



H16000029778ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL
Account Number : 076666002273
Phone : (904) 398-3911
Fax Number : (904) 396-0663

16 FEB -4 AM 8:57

**DISSOLUTION OR WITHDRAWAL
FAMILY EYE CARE CENTER OF JACKSONVILLE, P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED
16 FEB -4 PM 2:22
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Handwritten signature/initials

FEB 5 2016

D CONNELL

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF DISSOLUTION
OF
FAMILY EYE CARE CENTER OF JACKSONVILLE, P.A.**

Pursuant to Section 607.1403, Florida Statutes, FAMILY EYE CARE CENTER OF JACKSONVILLE, P.A., a Florida professional corporation (the "Corporation"), submits the following Articles of Dissolution:

**ARTICLE I
NAME**

The name of the Corporation is: Family Eye Care Center of Jacksonville, P.A.

**ARTICLE II
DOCUMENT NUMBER**

The Articles of Incorporation of the Corporation were filed on February 1, 2002 and assigned document number P02000012308.

**ARTICLE III
DATE DISSOLUTION AUTHORIZED**

The sole shareholder of the Corporation authorized the dissolution of the Corporation on November 3, 2015.

**ARTICLE IV
SHAREHOLDER APPROVAL**

The dissolution was approved by written consent of the sole shareholder of the Corporation and the number of votes cast for dissolution was sufficient for approval.

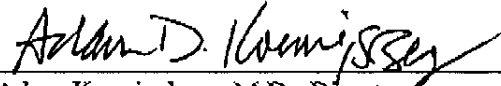
**ARTICLE V
EFFECTIVE DATE**

The effective date of the dissolution will be on the date on which these Articles of Dissolution are filed with the Secretary of State of the State of Florida.

**ARTICLE VI
DEBTS, OBLIGATIONS AND LIABILITIES**

All debts, obligations and liabilities of the Corporation have been paid, discharged or otherwise satisfied.

IN WITNESS WHEREOF, these Articles of Dissolution have been executed on behalf of the Corporation by its duly authorized officer on February 4, 2016.


Adam Koenigsberg, M.D., Director

**NOTICE OF CORPORATE DISSOLUTION
OF
FAMILY EYE CARE CENTER OF JACKSONVILLE, P.A.**

This Notice of Corporate Dissolution is submitted by **FAMILY EYE CARE CENTER OF JACKSONVILLE, P.A.**, a dissolved Florida corporation (the "Corporation"), for resolution of payment of unknown claims against this Corporation as provided in Section 607.1407, Florida Statutes.

1. Name of Corporation: Family Eye Care Center of Jacksonville, P.A.
2. Date of Dissolution is February 4, 2016.
3. Description of information that must be included in a claim:
 - a. Name, address and phone number of Claimant;
 - b. The amount of the claim;
 - c. The date the claim arose; and
 - d. A description of the nature of the claim in sufficient detail so as to enable the corporation to evaluate the merits of such claim.
4. Mailing address where claims can be sent:

Beverly A. Pascoe
Rogers Towers, P.A.
1301 Riverplace Boulevard, Suite 1500
Jacksonville, FL 32207

5. A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this Notice of Corporate Dissolution.

IN WITNESS WHEREOF, this Notice of Corporate Dissolution has been executed on behalf of the Corporation by its duly authorized officer on February 4, 2016.

**FAMILY EYE CARE CENTER OF
JACKSONVILLE, P.A.**

By: Adam D Koenigsberg
Name: Adam Koenigsberg, M.D.
Title: Director