

PO2000637439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

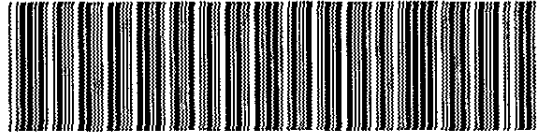
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2006 DEC 20 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Handwritten signature/initials



240 ponte vedra park drive • suite 150 • ponte vedra beach, florida 32082  
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December 18, 2006

Florida Department of State  
Division of Corporations  
Amendment Section  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: Family Care Associates and Medical Research Center, P.A.  
Ref. Number: P02000037439

Dear Sir/Madam:

Please be advised that this firm represents Family Care Associates and Medical Research Center, P.A. Enclosed for filing are the Cover Letter, Articles of Dissolution and Notice of Corporate Dissolution in reference to the above company. Also enclosed is our check in the amount of \$35.00 to cover the filing of same.

Your assistance in this matter is appreciated. If you have any questions or need any additional information, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Rick M. Reznicek'.  
Rick M. Reznicek

RMR:dlc

Encl.

cc: Jeffrey Krenzer, M.D.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Family Care Associates and Medical Research Center, P.A.

**DOCUMENT NUMBER:** P02000037439

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffrey Krenzer

(Name of Contact Person)

(Firm/Company)

9348 Tramore Glen Court

(Address)

Jacksonville, Florida 32256

(City/State and Zip Code)

For further information concerning this matter, please call:

Rick M. Reznicek, Esquire

(Name of Contact Person)

at ( 904 ) 567-1061

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## 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 Florida Department of State:  
Family Care Associates and Medical Research Center, P.A.

SECOND: The document number of the corporation (if known): P02000037439

THIRD: The date dissolution was authorized: December 4, 2006

Effective date of dissolution if applicable: December 30, 2006  
(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 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)

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)

Jeffrey Krenzer, M.D.

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## 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 s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Family Care Associates and Medical Research Center, 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:

Date of event giving rise to the claim.

Nature of claim/description of event giving rise to claim.

Amount of claim.

Name and contact information of claimant.

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)

Jeffrey Krenzer, M.D.

9348 Tramore Glen Court

Jacksonville, Florida 32256

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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.

Jeffrey Krenzer, M.D.

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00