

FROM: REZNICSEK, FRASER & HASTINGS  
Division of Corporations

FAX NO. (904) 567-1066

DEC 17 2007 3:34 PM PZ  
Page 1 of 1

**PDZ 000038884**

Florida Department of State  
Division of Corporations  
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To:  
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Fax Number : (850) 617-6380

From:  
Account Name : REZNICSEK & FRASER, P.A.  
Account Number : 120030000107  
Phone : (904) 567-1060  
Fax Number : (904) 567-1065

*Effectuate  
12/31/07*

RECEIVED  
2007 DEC 17 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DISSOLUTION OR WITHDRAWAL**  
**ST. JOHNS BLUFF FAMILY PRACTICE, P.A.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

*void his notice  
there is  
12/18/07*

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## 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:  
St. Johns Bluff Family Practice, P.A.

SECOND: The document number of the corporation (if known): P02000038884

THIRD: The date dissolution was authorized: December 4, 2007  
Effective date of dissolution if applicable: December 31, 2007  
(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)

Charles Rust, M.D.

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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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: St. Johns Bluff Family Practice , 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)

Charles Rust, M.D.

3690 St. Johns Bluff Road South

Jacksonville, Florida 32224

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.

Charles Rust, 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**

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