

PD60000026437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

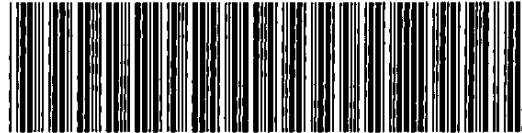
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/21/06--01003--003 **52.50

FILED
06 NOV 17 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Diss / notice
SP



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 6, 2006

ST. VINCENT'S HEALTH SYSTEM
2565 PARK STREET
JACKSVILLE, FL 32204

We are in receipt of your check. However, because no cover letter was included, your check is returned as we have no way of knowing what your check is for. If you will return your check along with a request specifying what it is that you need, your request will be promptly handled.

Should you have any questions regarding this matter you may contact our office at (850) 245-6053.

Margaret Freeman
Certification Section

Letter No. 306A00065382

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of a Florida Corporation

DOCUMENT NUMBER: P06000026437

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

Please return all correspondence concerning this matter to the following:

Mark A. Zoller

(Name of Contact Person)

(Firm/Company)

P. O. Box 16565

(Address)

Jacksonville, Florida 32245

(City/State and Zip Code)

For further information concerning this matter, please call:

Norma Chambers

(Name of Contact Person)

at (904) 645-6767

(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 607.1401, 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:
FIRST COAST PRIMARY CARE PHYSICIANS CORPORATION

SECOND: The document number of the corporation (if known): **P0600026437**

THIRD: The file date of the articles of incorporation: **FEBRUARY 22, 2006**

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

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.)

Mark Alan Zoller, M.D.

(Typed or printed name of person signing)

Director

(Title of Person Signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA

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: FIRST COAST PRIMARY CARE PHYSICIANS CORPORATION

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:

This is a voluntary dissolution, no business has been conducted
for the said corporation.

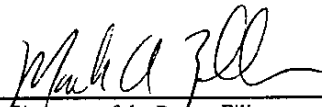
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Mark A. Zoller
P.O. Office Box 16565
Jacksonville, Florida 32245

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.

Mark A. Zoller

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