

P920000002316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

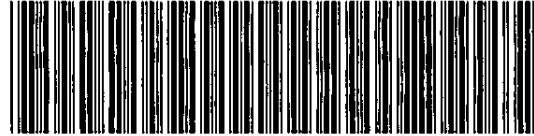
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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*less with  
notice*

12/29/15--01014--003 \*\*35.00

FILED  
15 DEC 29 PM 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 04 2016  
A RAMSEY

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Springs Family Medical Center, P.A.

**DOCUMENT NUMBER:** P92000002316

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

Please return all correspondence concerning this matter to the following:

Diana C Brijba9  
(Name of Contact Person)

Access Health Care  
(Firm/Company)

10200 Yalk Ave  
(Address)

Brooksville, FL 34613  
(City/State and Zip Code)

For further information concerning this matter, please call:

Diana Brijba9 at ( 352-597-1960 )  
(Name of Contact Person) (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:

15 DEC 29 PM 3: 34

FIRST: The name of the corporation as currently filed with the Florida Department of State, Tallahassee, Florida.  
The Springs family Medical Center, PA.

SECOND: The document number of the corporation (if known): P 92000002316

THIRD: The date dissolution was authorized: July 1, 2014.

Effective date of dissolution if applicable: July 1, 2014  
(no more than 90 days after dissolution file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: Adoption of Dissolution (CHECK ONE)

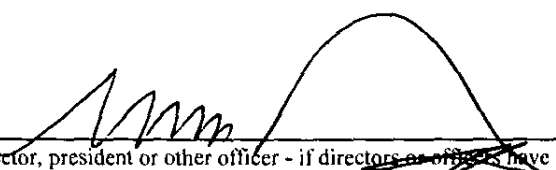
☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ 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

David R Miller DO + MARK A. Denner DO.  
(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)

MARK A. Denner.  
(Typed or printed name of person signing)

President  
(Title of person signing)

**Filing Fee: \$35**

**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: The Springs Family Medical Center, PA.

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:

Business sold to Access Healthcare

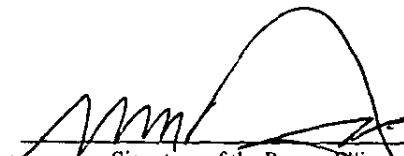
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

10200 Yall Ave  
BROOKSVILLE, FL 34613

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 Denner

Printed Name of the Person Filing



Signature of the Person Filing