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Florida Department of State
Division of Corporations
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EFFECTIVE DATE
12/31/2015

To: Division of Corporations
Fax Number : (352) 617-6380

From: Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407) 841-1300
Fax Number : (407) 423-1831

DISSOLUTION OR WITHDRAWAL
BREVARD PROFESSIONAL SERVICE CORP.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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EFFECTIVE DATE
12/31/2015

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF DISSOLUTION
OF
BREVARD PROFESSIONAL SERVICE CORP.**

Pursuant to the provisions of Sections 607.1402 and 607.1403 of the Florida Statutes, the undersigned Florida corporation hereby adopts the following Articles of Dissolution:

ARTICLE I - NAME OF CORPORATION

The name of the corporation is Brevard Professional Service Corp. (hereinafter referred to as the "Corporation").

ARTICLE II - DATE DISSOLUTION AUTHORIZED

The dissolution of the Corporation was authorized on December 13, 2015.

ARTICLE III - APPROVAL OF DISSOLUTION

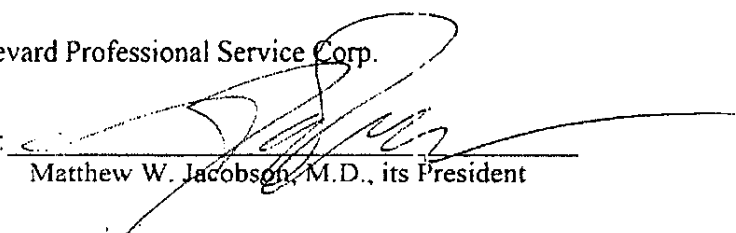
The dissolution was approved by a majority of the shareholders of the Corporation at a meeting of the shareholders held on December 13, 2015, specially called for the purpose of dissolving the Corporation, and the number of votes cast for dissolution was sufficient for approval.

ARTICLE IV -

The Corporation shall be dissolved effective as of December 31, 2015.

Dated this 15th day of December, 2015.

Brevard Professional Service Corp.

By: 
Matthew W. Jacobson, M.D., its President

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. 617.1407, F.S.

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

Name of Corporation: BREVARD PROFESSIONAL SERVICE CORP.

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:

Name of Claimant: _____

Address of Claimant: _____

Amount of Claim: _____

Basis of Claim (attachment): _____

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

Brevard Professional Service Corp.

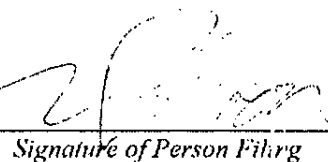
P.O. Box 2400

Melbourne, FL 32902

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.

MATTHEW W. JACOBSON, MD.

Printed Name of the Person Filing


Signature of Person Filing

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