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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, CAPOVANO & BOZARTH, P.A.  
Account Number : 076077001702  
Phone : (407) 841-1200  
Fax Number : (407) 423-1831

DISSOLUTION OR WITHDRAWAL  
BREVARD PROFESSIONAL SERVICE CORP.

Certificate of Status	0
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Page Count	02
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DEC 21 2015

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2015 DEC 18 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**EFFECTIVE DATE**

12/31/2015

**ARTICLES OF DISSOLUTION**

**OF**

**BREVARD PROFESSIONAL SERVICE CORP.**

**FILED**  
2015 DEC 18 AM 10:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 15<sup>th</sup> 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**