

537334

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (950)557-6385

From: Account Name : DEAN, MEAD, ESBERTON, BLOODWORTH, CAPOVANO & BOZARTH, P.A.
Account Number : 072077001792
Phone : (407)841-1200
Fax Number : (407)493-1831

DISSOLUTION OR WITHDRAWAL
BREVARD ANESTHESIA SERVICES, P.A.

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2015 DEC 15 AM 10:17

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EFFECTIVE DATE

DEC 16 2014
C. CARROTHERS
DEC 16 2014
C. CARROTHERS

ARTICLES OF DISSOLUTION
OF
BREVARD ANESTHESIA SERVICES, P.A.

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

ARTICLE I - NAME OF CORPORATION

The name of the corporation is Brevard Anesthesia Services, P.A. (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

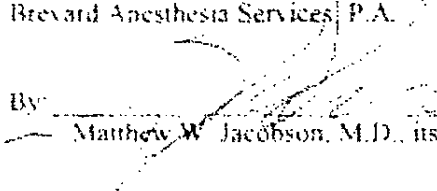
The dissolution was approved by a majority of the shareholders of the Corporation at a meeting of the shareholders held on December 13, 2015, specially called for the purpose of dissolving the Corporation, and the number of votes cast for dissolution was sufficient for approval.

ARTICLE IV -

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

Dated this 13th day of December, 2015

Brevard Anesthesia Services, P.A.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 DEC 15 AM 10:17

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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. 617.1407, F.S.

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

Name of Corporation BREVARD ANESTHESIA SERVICES, 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:

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)

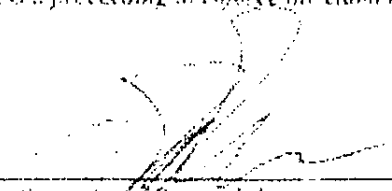
Brevard Anesthesia Services, P.A.

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.

DEAN MEAD
Printed Name of the Person Filing


Signature of Person Filing

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