

NO3000007912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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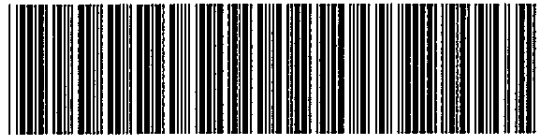
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Rs 8/2/05
Diss

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Florida Not-For-Profit

DOCUMENT NUMBER: N03000007912

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

Please return all correspondence concerning this matter to the following:

Linda D. Paille

(Name of Person)

Brevard County Medical Society, Inc.

(Name of Firm/Company)

975 Eyster Blvd., Building 2-4

(Address)

Rockledge, Florida 32955

(City/State/and Zip Code)

For further information concerning this matter, please call:

Linda D. Paille

(Name of Person)

at (321) 632-8481

(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, Florida 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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ARTICLES OF DISSOLUTION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Brevard County We Care Program, Inc.

SECOND: The document number of the corporation (if known): N03000007912

THIRD: Adoption of Dissolution
(Complete Section I or II)

SECTION I

If the corporation has members entitled to vote:

The date of the meeting of members at which the resolution to dissolve was adopted
Thursday, July 6, 2005

(CHECK ONE)

☒ The number of votes cast for dissolution was sufficient for approval.

☐ The resolution was adopted by written consent and executed in accordance with
617.0701, Florida Statutes.

SECTION II

If the corporation has no members or members entitled to vote on the dissolution.

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was _____.

The number of directors in office was _____ and the vote for resolution was

_____ for and _____ against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: September 30, 2005
(no more than 90 days after dissolution file date)

Signed this 28 day of July, 2005.

Signature Crystal A. Rheinlander
(By the chairman or vice chairman of the board, president or other officer, if directors have not been selected, by an incorporator, if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Crystal A. Rheinlander
(Typed or printed name of the person signing)

Executive Director/Registered Agent
(Title of person signing)

FILING FEE: \$35