

Jun. 9. 2017 3:30PM

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6/9/2017

Division of Corporations

Florida Department of State
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL
Account Number : 076666002273
Phone : (904)398-3911
Fax Number : (904)396-0663

**DISSOLUTION OR WITHDRAWAL
BROOKS SKILLED NURSING FACILITY B, INC.**

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

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C. GOLDEN

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TALLAHASSEE, FLORIDA
19

**ARTICLES OF DISSOLUTION
OF
BROOKS SKILLED NURSING FACILITY B, INC.**

Pursuant to Section 617.1403, Florida Statutes, Brooks Skilled Nursing Facility B, Inc., a Florida not for profit corporation (the "Corporation"), submits the following Articles of Dissolution:

**ARTICLE I
NAME**

The name of the Corporation is: Brooks Skilled Nursing Facility B, Inc.

**ARTICLE II
DOCUMENT NUMBER**

The Articles of Incorporation of the Corporation were filed on June 24, 2011 and assigned document number N11000006084.

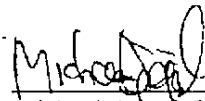
**ARTICLE III
DATE DISSOLUTION AUTHORIZED**

The resolution to dissolve was adopted by written action in lieu of a special meeting of the sole member of the Corporation on June 9, 2017 and the number of votes cast for dissolution was sufficient for approval.

**ARTICLE IV
EFFECTIVE DATE**

The effective date of the dissolution will be on the date on which these Articles of Dissolution are filed with the Secretary of State of the State of Florida.

IN WITNESS WHEREOF, these Articles of Dissolution have been executed on behalf of the Corporation by its duly authorized President on June 9, 2017.



Michael Sprgel, President

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**NOTICE OF CORPORATE DISSOLUTION
OF
BROOKS SKILLED NURSING FACILITY B, INC.**

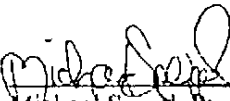
This Notice of Corporate Dissolution is submitted by BROOKS SKILLED NURSING FACILITY B, INC., a dissolved Florida not for profit corporation (the "Corporation"), for resolution of payment of unknown claims against this Corporation as provided in Section 617.1407, Florida Statutes.

1. Name of Corporation; Brooks Skilled Nursing Facility B, Inc.
2. Date of Dissolution will be the date the dissolution is filed with the Department of State.
3. Description of information that must be included in a claim:
 - a. Name, address and phone number of Claimant;
 - b. The amount of the claim;
 - c. The date the claim arose; and
 - d. A description of the nature of the claim in sufficient detail so as to enable the Corporation to evaluate the merits of such claim.
4. Mailing address where claims can be sent:

Brooks Health c/o CFO
3599 University Blvd S
Jacksonville, FL 32216

5. A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this Notice of Corporate Dissolution.

IN WITNESS WHEREOF, this Notice of Corporate Dissolution has been executed on behalf of the Corporation by its duly authorized President on June 9, 2017.



Michael Spigel, President