

N17014

Blank + Meenan, P.A.

(Requestor's Name)

204 S. Monroe St.

(Address)

Tallahassee FL 32302

(Address)

850-681-6710

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DEC 28 2012

T. BROWN

Diss. w/ Notice

ARTICLES OF DISSOLUTION
OF
BROWARD AMBULATORY CENTER, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 DEC 28 PM 2:20

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

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

BROWARD AMBULATORY CENTER, INC.

SECOND: The document number of the Corporation is N17014

THIRD: Adoption of Dissolution:

The board of directors adopted the resolution approving the ~~attached~~ Plan of Dissolution and Distribution of Assets by unanimous written consent executed in accordance with Section 617.0205, Florida Statutes, on December 4, 2012.

The sole member adopted the resolution approving the ~~attached~~ Plan of Dissolution and Distribution of Assets by written consent executed in accordance with Section 617.0701, Florida Statutes, on December 4, 2012.

FOURTH: Effective date of dissolution: date of filing

Broward Ambulatory Center, Inc.

By: 
Frank V. Sacco, Director and President

NOTICE OF CORPORATE DISSOLUTION
OF
BROWARD AMBULATORY CENTER, INC.

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 Corporations: BROWARD AMBULATORY CENTER, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

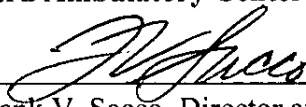
Description of information that must be included in a claim: all information regarding the claim that is reasonably necessary to establish the legitimacy of the claim, including, all documentation of the claim, the specific amount of the claim, and contact information for all of the claimants and their representatives.

Mailing address where claims can be sent:

Memorial Healthcare System
3329 Johnson Street
Hollywood, Florida 33021
Attention: General Counsel

A claim against the above names corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Broward Ambulatory Center, Inc.

By: 
Frank V. Sacco, Director and President