

N18087

Blank and Meenan, P.A.

(Requestor's Name)

204 S. Monroe St.

(Address)

Tallahassee, FL 32302

(Address)

(850) 681-10710

(City/State/Zip/Phone #)



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(Business Entity Name)

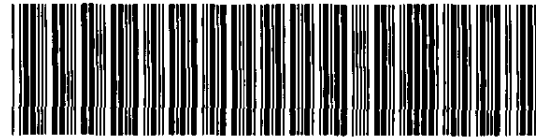
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DEC 28 2012

T. BROWN

DISS.
w/Notice

ARTICLES OF DISSOLUTION
OF
MEMORIAL HEALTH SYSTEM OF BROWARD, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
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:

MEMORIAL HEALTH SYSTEM OF BROWARD, INC.

SECOND: The document number of the corporation is N18087

THIRD: Adoption of Dissolution:

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

The board of directors adopted the resolution approving the ~~attached~~ Plan of Dissolution and Distribution of Assets on December 4, 2012.

The number of directors in office was five (5) and the vote for resolution was 5 for and 0 against.

FOURTH: Effective date of dissolution: date of filing

Memorial Health System of Broward, Inc.

By: _____

Frank V. Sacco, Director and President

NOTICE OF CORPORATE DISSOLUTION
OF
MEMORIAL HEALTH SYSTEM OF BROWARD, 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 Corporation: MEMORIAL HEALTH SYSTEM OF BROWARD, 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 named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Memorial Health System of Broward, Inc.

By: _____

Frank V. Sacco, Director and President