

Division of Corporations

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : SMITH HULSEY & BUSEY  
Account Number : 075030000653  
Phone : (904)359-7700  
Fax Number : (904)359-7708

FILED  
2024 FEB 29 AM 9:50  
TALLAHASSEE, FL

**DISSOLUTION OR WITHDRAWAL  
BROOKS REHAB PARTNERSHIP JV, INC.**

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

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**ARTICLES OF DISSOLUTION  
OF  
BROOKS REHAB PARTNERSHIP JV, INC.**

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**ARTICLE I**

The name of this corporation is Brooks Rehab Partnership JV, Inc. (the "Corporation").

**ARTICLE II**

The Articles of Incorporation of the Corporation were filed on September 13, 2023 and assigned Document Number N23000011981.

**ARTICLE III**

The Corporation has not commenced to conduct its affairs.

**ARTICLE IV**

The Corporation has no unpaid debts.

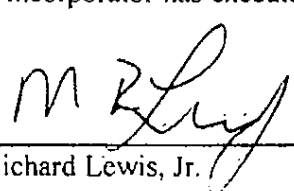
**ARTICLE V**

The Corporation has no Board of Directors. The dissolution of the Corporation was authorized by the incorporator on February 29, 2024.

**ARTICLE VI**

The dissolution of the Corporation shall be effective as of the date of filing.

**IN WITNESS WHEREOF**, the undersigned incorporator has executed these Articles of Dissolution on February 29, 2024.

  
\_\_\_\_\_  
M. Richard Lewis, Jr.  
Incorporator

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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: Brooks Rehab Partnership JV, 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:*

The identity and contact information for the person or entity asserting the claim, a description of the basis for the claim, the date the claim arose, the amount of the claim, and a description of the facts and circumstances underlying the claim.

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STATE

*Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)*

3599 University Blvd S

Jacksonville, FL 32216

*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.*

M. Richard Lewis, Jr.

*Printed Name of the Person Filing*



*Signature of the Person Filing*

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

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