# P07000068257

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: DISSOLUTION OF CORPORA	TION
DOCUMENT NUMBER: P0200006825	7
The enclosed Articles of Dissolution an	d fee are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
JULIE UMBERGER	
(Name	of Contact Person)
BRANDON HEALTH MANAGEMENT	
(F	Firm/Company)
6505 WATSON ROAD	•
	(Address)
RIVERVIEW FL 33578	
(City/S	State and Zip Code)
For further information concerning this r	natter, please call:
JULIE UMBERGER	813-340-8255 at (
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following am	nount:
□ \$35 Filing Fee □ \$43.75 Filing Fee Certificate of Status	<u> </u>

# **Mailing Address:**

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

#### **Street Address:**

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:  BRANDON HEALTH MANAGEMENT					
SECOND:	The document number of the corporation (if known):					
THIRD:	The date dissolution was authorized: NOVEMBER 30, 2020					
	Effective date of dissolution if applicable: NOVEMBER 30, 2020					
	(no more than 90 days after dissolution file date)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.					
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.					
	Signature:  (By a director, president or other officer - if directors or officer have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)					
	JULIE UMBERGER					
	(Typed or printed name of person signing)					
	DIRECTOR					
	(Title of person signing)					

Filing Fee: \$35

## **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. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation:	BRANDON HEALTH N	MANAGEME	NT			
The above named corp	poration is the subject of 0, 2020	dissolution a	and the effective dat	e of a dissolution	is:	
· · · · · · · · · · · · · · · · · · ·	(date filed with	the Dept. if date s	specified in the Articles of	Dissolution)		
Description of informa	ation that must be includ	led in a claim	:			
ALL PERSONS WI	ITH CLAIMS AGAINST	THIS COMPA	NY MUST SUBMIT	SUCH CLAIMS	N	
WRITING TO THE	COMPANY, INCLUDING	G NAME, ADI	DRESS, AND TELEI	PHONE NUMBER	OF	
CLAIMANT, A DES	SCRIPTION OF THE CLA	MM, THE DA	TE OF THE CLAIM,	AND THE AMOU	JNT	
OF THE CLAIM			-		707	
Mailing address where JULIE UMBERGER	e written claims can be so	ent: (Claims o	cannot be sent to the		porations 1: 3	T T
6505 WATSON ROA	·D				<del>नि</del>	
RIVERVIEW, FL 335	578					
		<u> </u>	•			

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced

Signature of the Person Filing

within 4 years after the filing of this notice.

Printed Name of the Person Filing

JULIE UMBERGER