## P97000 19182

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: Brevard Hematology and Oncole	ogy Consultants - Levine, Zimm and Sprawls, M.D., P.A
DOCUMENT NUMBER: P97000019782	2
The enclosed Articles of Dissolution and	fee are submitted for filing.
Please return all correspondence concernir	ng this matter to the following:
J. Breck Brannen	
(Name of	Contact Person)
Pennington, P.A.	
(Fir	m/Company)
215 S. Monroe Street, Suite 200	
(/	Address)
Tallanassee, FL 32301	
(City/St	ate and Zip Code)
For further information concerning this ma	atter, please call:
J. Breck Brannen	at ( <u>850-222-3533</u>
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amo	unt:
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	\$\text{\$\subset\$\$ \$\text{\$\subset\$\$ \$\text{\$\subset\$}\$ \$\text{\$\subset\$\$ \$\text{\$\subset\$}\$ \$\text{\$\subset\$\$ \$\text{\$\subset\$}\$ \$\text{\$\subset\$}
Maiting 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

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution: The name of the corporation as currently filed with the Florida Department of State: FIRST: Brevard Hematology and Oncology Consultants - Levine, Zimm and Sprawls, M.D., P.A. P97000019782 The document number of the corporation (if known): SECOND: November 19, 2019 The date dissolution was authorized: THIRD: Effective date of dissolution if applicable: (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. Adoption of Dissolution (CHECK ONE) FOURTH: Dissolution was approved by the shareholders. The number of votes east for dissolution was sufficient for approval. Dissolution was approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve: The number of votes cast for dissolution was sufficient for approval by (voting group) Signature: (By a director, president or other officer - if dyectors or officers have not been selected, by an incorporator - if in the hands of a receive, trustee, or other court appointed fiduciary, by that fiduciary) Richard M. Levine (Typed or printed name of person signing)

Filing Fee: \$35

(Title of person signing)

President

## 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 require	d when filing a voluntary dissolution
Brevard Hematology and Oncology Consultant	s - Levine, Zimm and Sprawls, M.D., P.A.
Date of dissolution will be the date the dissolution is filed with the D specified in the Articles of Dissolution.	epartment of State or as
Description of information that must be included in a claim:	
1. Claim amount;	
Factual basis of Claim, stated with specificity; and	
3. Origination date of Claim	
Mailing address where claims can be sent: (Claims cannot be sent to	the Division of Corporations)
Fitusville, FL 32796	
A claim against the above named corporation will be barred unless a within 4 years after the filing of this notice.	proceeding to enforce the claim is commenced
Richard M. Levino, President	Riche your
Printed Name of the Person Filing	Signature of the Person Filing