#33099

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
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(Вс	usiness Entity Nar	me)
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COVER LETTER

TO: Amendment Section	rians
Division of Corporat	nons
SUBJECT: Activies	of Dissolution
DOCUMENT NUMBER:	H 33099
The enclosed Articles of Disso	lution and fee are submitted for filing.
Please return all correspondence	e concerning this matter to the following:
Jose E. Qu	inones
	(Name of Contact Person)
Psychiatric Service	(Firm/Company)
	(Firm/Company)
2252 Winter U	ucods Blud
	(Address)
Winter Park FI	32792 (City/State and Zip Code)
,	(City/State and Zip Code)
For further information concer	ning this matter, please call:
Vicole Carreira	erson) at (407) 650-9088 (Area Code & Daytime Telephone Number)
(Name of Contact Po	erson) (Area Code & Daytime Telephone Number)
Enclosed is a check for the foll	lowing amount:
\$\alpha\$\$ \$35 Filing Fee □ \$\alpha\$43.75 F Certificat	iling Fee & \$\bigsquare\tag{\text{\$43.75 Filing Fee}}\$ & \$\bigsquare\text{\$\text{\$52.50 Filing Fee}}\$, certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section
Division of Corporation	ons Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to articles of di	•	onda Statutes, this Florida profit corporation submits the following	
FIRST:	The name of the co	orporation as currently filed with the Florida Department of State:	
	Psychiatric	Services of Winter Park PA	
SECOND:	The document nun	nber of the corporation (if known): H 33099	
THIRD:	The file date of the	articles of incorporation: 12/07/1989	
FOURTH:	(CHECK AT LEA	ST ONE BOX)	
	None of	the corporation's shares have been issued.	
	☐ The corp	oration has not commenced business.	
FIFTH:	No debt of the corp	oration remains unpaid.	
SIXTH:	The net assets of the to the shareholders,	e corporation remaining after winding up have been distributed if shares were issued.	
SEVENTH	: Adoption of Di	ssolution (CHECK ONE) ASS CREATER TO SECOND T	
	🗖 A major	ity of the incorporators authorized the dissolution	
	☐ A major	nity of the directors authorized the dissolution.	
Sigr	nature:	Jose EQuinnerry	
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)			
		Sose E. Quinones (Typed or printed name of person signing)	
	-	(Typed or printed name of person signing)	
		President (Title of Person Signing)	
		(

Filing Fee: \$35