

K38096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

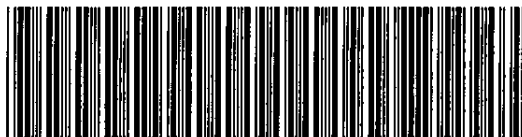
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07 FEB - 1 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts FEB 05 2007



January 29, 2007

Florida Secretary of State
Corporate Filing Division
P.O. Box 6327
Tallahassee, FL 32314

Re: Health Enterprises, Inc. (H84480)
Florida Health Plan Management, Inc. (K38096)

Dear Ms. Secretary:

We are enclosing the original and one copy of the *Articles of Dissolution* for the above-named corporations along with checks # 1300 and #1301 in the amount of \$43.75 each in payment of the filing fee and one certified copy. Please return the certified copies to me at:

2828 Croasdaile Drive
Durham, NC 27705

Do not hesitate to contact me if you need any additional information or there are any questions regarding the enclosed. Thank you for your prompt attention to this matter.

Yours very truly,
PHOENIX PHYSICIANS, LLC

Joann W. Anderson
Paralegal
Enclosures

ARTICLES OF DISSOLUTION

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

FIRST: The name of the corporation as currently filed with the Florida Department of State
Florida Health Plan Management, Inc.

SECOND: The document number of the corporation (if known): K38096

THIRD: The date dissolution was authorized: January 30, 2007

Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by of 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 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)

Steven M. Scott, M.D.

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA