

N94000005574

CT CORPORATION SYSTEM

CORPORATION(S) NAME

~~Wellington Physician Hospital Organization, Inc.~~

(2) Wellington Physician Hospital Organization, Inc.

FILED
01 FEB 21 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input checked="" type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

RECEIVED
01 FEB 21 AM 11:39
DIVISION OF CORPORATION

Name _____
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Verifier _____
W.P. Verifier _____

2/21/01

M.S.

Order#: 3619570

Ref#: _____

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Amount: \$ *****35.00 *****35.00

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

COULLETTE FEB 21 2001

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation is Wellington Physician Hospital Organization, Inc.

SECOND: Adoption of dissolution (Complete Section I or II)

SECTION I

If the corporation has members entitled to vote:

The date of the meeting of members at which the resolution to dissolve was adopted was June 30, 2000.

(CHECK ONE)

☐ The number of votes cast for dissolution was sufficient for approval.

☒ The resolution was adopted by written consent and executed in accordance with 617.0701, Florida Statutes.

SECTION II

If the corporation has no members or members with voting rights:

The corporation has no members or members with voting rights.

The date of adoption of the resolution by the board of directors was _____.

The number of directors in office was _____ and the vote for the resolution was _____ for and _____ against.

Signed this 7th day of February, 2001.

Signature

(By the Chairman or Vice Chairman of the Board, President or other officer)

Jerry H. Singer, MD

Typed or printed name

Chairman of

Wellington Physician Hospital Organization, Inc.

Title