

P94000064975

Phillips Enterprises  
59 Shadow Lane  
Lakeland, FL 33813

City/State/Zip

Phone #

Office Use Only

FILED  
97 MAR 12 AM 9:37  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

000002110960--8  
-03/12/97--01039--008  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Voldis

VS MAR 17 1997

## ARTICLES OF DISSOLUTION

FILED  
97 MAR 12 AM 9:37  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

FIRST: The name of the corporation is: Phillips Enterprises, Inc.

SECOND: The date dissolution was authorized: Dec. 31, 1996

THIRD: 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 vote 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

Larry Joe Phillips & Nancy W. Phillips  
(voting group)

Signed this 9 day of March, 19 97

Signature Larry Joe Phillips  
(By the Chairman or Vice Chairman of the Board, President, or other officer)

LARRY JOE Phillips  
(Typed or printed name)

President  
(Title)

P94 000067034

Mail this postcard to people and businesses that send you mail

Please send mail to my new address beginning:

0311097  
Month Day Year

My Name (Last Name, First Name, Middle Initial)

BIERMAN LESLIE - KINETIC LINK, INC.

OLD Complete Street Address, PO Box, or Rural Route and RR Box No.

10815 JAPONICA CT.

Apt./Suite No.

City or Post Office

BOCA RATON, FL

State

ZIP Code or ZIP+4

33498

NEW Complete Street Address, PO Box, or Rural Route No. and Box No.

5909 MIRAMONTE DR.

Apt./Suite No.

City or Post Office

AUSTIN, TX

State

ZIP Code or ZIP+4

78759

Account Number (if Applicable)

Please change address and send 1997 Profit Corp. Annual Report.

New Telephone No. (Optional)

(512) 331-5923

Signature

PS Form

Address

LT  
3.20.97

DEBIT MEMORANDUM

000137

TO :  
DEPARTMENT OF STATE

FOR OFFICIAL USE  
DATE 1-08-97 NUMBER 712306

P 94 0000 67087

STATE OF FLORIDA  
OFFICE OF STATE TREASURER  
TALLAHASSEE, FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	635.00	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	3
TOTAL	635.00	OTHER	4

CROSS REF	SAMAS CODE	DISTRIBUTION	REASON	AMOUNT
12	45-20-2-130001-45300000-00-000100-00		1	50.00
12	45-20-2-130001-45300000-00-000100-00		1	87.50
12	45-20-2-130001-45300000-00-000100-00		1	122.50
12	45-20-2-130001-45300000-00-000100-00		1	375.00

GRAND TOTAL:

\$ 635.00

72306-D

Process Date: 12/27/96

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

State Treasurer

63-2157831

**WINEGARD MEDICAL CENTER INC.**  
6500 Winegard Rd.  
Orlando, FL 32809

**PAY  
TO THE  
ORDER OF**

# SINTRUST

SunTrust Bank, Central Florida, N.A.  
Central Park Office (407) 299-4766  
Orlando, FL

COB

063702852073901

10052300000

P-100-12/ENTRIDS 1026  
 ENTFRANZ 1026 INVOICE \$375.00

**RESEARCH**

DEB. 5/20/1985

SECTION ONLY  
SPRINT  
NO NOT  
215  
AGAIN





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

January 21, 1997

Winegard Medical Center, Inc.  
6500 Winegard Rd.  
Orlando, FL 32809

SUBJECT: WINEGARD MEDICAL CENTER, INC.  
Ref. Number: P94000067087

Debit Memo #: 72306-D

This is to inform you that your check #0902 dated December 12, 1996 in the amount of \$375.00 and submitted for WINEGARD MEDICAL CENTER, INC. has been returned to us by your bank because of Insufficient Funds.

We request that you remit a cashier's check or money order in amount of \$393.75 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations  
Attn: Melinda Lilliston  
P.O. Box 6327  
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (904) 487-6900.

Sincerely,  
Melinda Lilliston  
Administrative Assistant I  
Division of Corporations

Letter number: 797A00002831

cc:Winegard Medical Center, Inc.  
3850 Curry Ford Rd.  
Orlando, FL 32806



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

March 13, 1997

Winegard Medical Center, Inc  
6500 Winegard Rd  
Orlando, FL 32809

SUBJECT: WINEGARD MEDICAL CENTER, INC.  
Ref. Number: P94000067087

Debit Memo #: 72306-D

Due to your failure to respond to our previous letter advising you of the returned check #0902, the Reinstatement for WINEGARD MEDICAL CENTER, INC. has been cancelled and is considered not filed as of March 12, 1997.

The status of your corporation has now reverted to its previous status of administratively dissolved or revoked.

If you have any questions concerning the returned check, please call (904) 487-6900.

Sincerely  
Heather Thompson

Division of Corporations

Letter number: 797A00012949