

P95000080446

Requestor's Name	
P.O. Box 290579 Port Orange, Florida 32129	
City/State/Zip	Phone #

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-11/19/97--01031--011
*****35.00 *****35.00
Office Use Only

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

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97 DEC -8 AM 7:57
TALLAHASSEE FLORIDA
SECRETARY OF STATE

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

VS DEC 11 1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

November 26, 1997

PARTIAL HOSPITALIZATION PROGRAM MANAGEMENT, INC.
P.O. BOX 290579
PORT ORANGE, FL 32129

SUBJECT: PARTIAL HOSPITALIZATION PROGRAM MANAGEMENT, INC.
Ref. Number: P95000080446

We have received your document for PARTIAL HOSPITALIZATION PROGRAM MANAGEMENT, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We can find no record of the entity named in your document. A computer printout of a similarly named entity is enclosed for your review. If this is the right name, please correct your document and return it for filing.

If the dissolution was approved by the shareholders, a statement that the number cast for dissolution was sufficient for approval must be contained in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6909.

Velma Shepard
Corporate Specialist

Letter Number: 797A00056456

RECEIVED
97 DEC -8 AM 9:15
DIVISION OF CORPORATIONS

ARTICLES OF DISSOLUTION

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FIRST: The name of the corporation is PARTIAL HOSPITALIZATION PROGRAM MANAGEMENT, INC. (Ref. Number P95000080446).

SECOND: The date the dissolution was authorized is November 1, 1997

THIRD: A majority of the shareholders approved of the dissolution. The number cast for dissolution was sufficient for approval.

Signed this 4 day of December, 19 97

Signature Sharon K Winters
(By incorporator if adopted by the incorporators or by
the chairman or vice chairman of the board, president, or
other officer if adopted by the directors)

Sharon K. Winters

(Typed or printed name)

Vice-President

(Title)