

P97000059297

Requester's Name

Address

PHC Physician Health Corporation

990 Hammond Drive
Suite 300
Atlanta, Georgia 30328

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 #)

FILED
99 FEB 12 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Walk in | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait | <input type="checkbox"/> Certificate of Status |
| <input type="checkbox"/> Photocopy | | |

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

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

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

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2-15-99

Examiner's Initials

LFJ

~~*789, 2205, 2209, 706, 671*~~



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 5, 1999

PHYSICIAN HEALTH CORPORATION
990 Hammond Drive
Suite 300
Atlanta, GA 30328

SUBJECT: PHYSICIANS CHOICE SURGICARE OF WEST ORLANDO, INC.
Ref. Number: P97000059297

We have received your document for PHYSICIANS CHOICE SURGICARE OF WEST ORLANDO, 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):

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 1998 corporate annual report form. To reinstate, the corporation must submit a completed reinstatement application or a current corporate annual report form and the appropriate fees.

The total amount due to reinstate is \$750.00.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 487-6910.

Louise Flemming-Jackson
Corporate Specialist Supervisor

Letter Number: 599A00005116

PHC Physician Health Corporation

One Lakeside Commons
990 Hammond Drive
Atlanta, Georgia 30328
770/673-1964 • 800/536-1627
Fax: 770/673-1970 • 770/350-0292

February 9, 1999

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314
Attn: Louise Flemming-Jackson

RE: Physicians Choice Surgicare of West Orlando, Inc.

Dear Ms. Jackson:

Pursuant to our telephone conversation of yesterday, February 8, 1999, I am resubmitting the Articles of Dissolution and related documents for the above-referenced entity. Although this entity was administratively dissolved for failure to file its 1998 corporate annual report form, you have assured me that the Articles of Dissolution can still be filed. Please note that your office has retained the \$35.00 that was submitted with our original request for dissolution and it is my understanding that this amount will be applied to this resubmission.

Should you have any questions, please contact me at 770/225-1658. Thank you for your assistance in this matter. Best regards.

Sincerely,



Darcie A. Deupree, Esq.
Director of Legal Services

Enclosures

ARTICLES OF DISSOLUTION

FILED

99 FEB 12 AM 9:42

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: PHYSICIANS CHOICE SURGICARE
OF WEST ORLANDO, INC.

SECOND: The date dissolution was authorized: October 15, 1998

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

(voting group)

Signed this 15th day of October, 19 98.

Signature


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

Sarah C. Garvin

(Typed or printed name)

President and Director

(Title)