

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1122

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800002408338--0  
-01/22/98--01033--005  
\*\*\*\*\*43.75 \*\*\*\*\*43.75

The Villages Regional Medical  
Center, Inc

Art of Inc. File \_\_\_\_\_

LTD Partnership File \_\_\_\_\_

Foreign Corp. File \_\_\_\_\_

L.C. File \_\_\_\_\_

Fictitious Name File \_\_\_\_\_

Trade/Service Mark \_\_\_\_\_

Merger File \_\_\_\_\_

Art. of Amend. File \_\_\_\_\_

RA Resignation \_\_\_\_\_

☒ Dissolution / Withdrawal \_\_\_\_\_

Annual Report / Reinstatement \_\_\_\_\_

Cert. Copy \_\_\_\_\_

Photo Copy \_\_\_\_\_

☒ Certificate of Good Standing \_\_\_\_\_

Certificate of Status \_\_\_\_\_

Certificate of Fictitious Name \_\_\_\_\_

Corp Record Search \_\_\_\_\_

Officer Search \_\_\_\_\_

Fictitious Search \_\_\_\_\_

Fictitious Owner Search \_\_\_\_\_

Vehicle Search \_\_\_\_\_

Driving Record \_\_\_\_\_

UCC 1 or 3 File \_\_\_\_\_

UCC 11 Search \_\_\_\_\_

UCC 11 Retrieval \_\_\_\_\_

Courier \_\_\_\_\_

FILED

98 JAN 22 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

98 JAN 22 AM 10:39

DIVISION OF CORPORATION

Signature \_\_\_\_\_

Requested by: \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

UDIS  
P.C. 1/23

ARTICLES OF DISSOLUTION  
OF  
THE VILLAGES REGIONAL MEDICAL CENTER, INC.

Pursuant to § 607.1403, Florida Statutes, this corporation  
submits the following Articles of Dissolution.

FILED  
98 JAN 28 AM 11:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FIRST: The name of this corporation is THE VILLAGES  
REGIONAL MEDICAL CENTER, INC.

SECOND: Dissolution of the corporation was authorized  
January 15, 1998, to be effective January 21, 1998 pursuant to  
Section 607.1402.

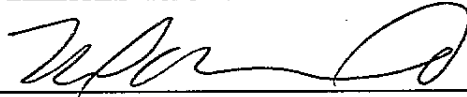
THIRD: Dissolution was approved by the shareholders. The  
number of votes cast for dissolution was sufficient for approval.

Signed this 21 day of January, 1998.

THE VILLAGES REGIONAL MEDICAL CENTER, INC.

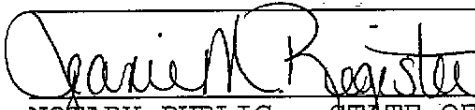
(SEAL)

By:

  
R. Dewey Burnsed, Director and  
Secretary

STATE OF FLORIDA  
COUNTY OF LAKE

The foregoing instrument was acknowledged before me this 21st  
day of January, 1998 by R. Dewey Burnsed, Director and Secretary of  
THE VILLAGES REGIONAL MEDICAL CENTER, INC. and he is ✓  
personally known to me or \_\_\_\_\_ produced  
\_\_\_\_\_ as identification.

  
NOTARY PUBLIC - STATE OF FLORIDA  
(Signature of Notary Public)  
JEANIE M. REGISTER

\_\_\_\_\_  
(Print Name of Notary Public)



CC707778  
(Serial/Comm. Number)