

549099

Requestor's Name _____
P.O. Box 290579
Port Orange, Florida 32129

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*****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 #)

97 DEC -8 AM 8:00
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

- ☐ 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

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

VS DEC 11 1997

Voldis



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 26, 1997

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

SUBJECT: WILLIAM C. WINTERS M.D. AND SHARON K. WINTERS, M.D., P.A.
Ref. Number: S49099

We have received your document for WILLIAM C. WINTERS M.D. AND SHARON K. WINTERS, M.D., P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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: 997A00056457

ARTICLES OF DISSOLUTION

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

FILED
97 DEC -8 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation is WILLIAM C. WINTERS M.D. AND SHARON K. WINTERS, M.D., P.A., (Ref. Number S49099).

SECOND: The date the dissolution was authorized is November 7, 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)