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To:

Division of Corporations

Fax Number

: (850)205-0380

from:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone 1 (305)599-0839

: {305}716-0346 Fax Number

## DISSOLUTION

PHARMACY MANAGEMENT SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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11/21/02 12:14 PM

## ARTICLES OF DISSOLUTION

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

FIRST:	The name of the corporation is: Pharmacy		
MAN	Agement Services; INC.	·	
SECOND:	The date dissolution was authorized: 11-20-2002		
THIRD:	Adoption of Dissolution (CHECK ONE)		
	solution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.		
Dis:	solution was approved by vote of the shareholders through voting groups.	21	<u> </u>
The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:		2002 NOV 21	VISION (
The number of votes cast for dissolution was sufficient for approval by		21 PH	TARY OF OF CORPC
<del></del>	(voting group)	င္မ	STA:
Sig	gried this 20 day of 10V 2002	2	TONS TE
Signature _	(By the Chairman or Vice Chairman of the Board, President, or other officer)		
	Julissa Barrios - Balbers (Typed or printed name)		
	chairman of the Board		