## 337372

000003131340--6 -02/10/00--01045--006 \*\*\*\*\*\*35.00 \*\*\*\*\*\*35.00 .

John McCorvey
P.O. Box 440663
Jacksonville, FL 32222

904-777-3231

Re: Avondale Pharmacy, Inc.

FILED

00 FEB 10 PM 1: 46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 2, 2000

JOHN MCCORVEY P. O. BOX 440663 JACKSONVILLE, FL 32222

SUBJECT: AVONDALE PHARMACY INC

Ref. Number: 337392

We have received your document for AVONDALE PHARMACY INC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6905.

Thelma Lewis
Corporate Specialist Supervisor

Letter Number: 000A00005026

## ARTICLES OF DISSOLUTION

OO FEB 10 PM 1: 46

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

AVONDALE PHARMACY, INC.

The name of the corporation is:\_

FIRST:

SECOND:	The date dissolution was authorized: 10-31-99
THIRD:	Adoption of Dissolution (CHECK ONE)
☑ Disswas	olution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.
☐ Disse	olution was approved by vote of the shareholders through voting groups.
Ti en	he following statement must be separately provided for each voting group ntitled to vote separately on the plan to dissolve:
The	number of votes cast for dissolution was sufficient for approval by
	(voting group)
Signed	
Signature <u>×</u>	Jolf. M. Cowy
	(By the Chairman or Vice Chairman of the Board, President, or other officer)
	John McCorvey
•	(Typed or printed name)
	President