## 723082

Requester's Name

COBO PHARMACY, INC. 1501 FLORIDA STREET KEY WEST, FL 33040

CR2E031(7/97)

500005610795--1 -05/24/02--01062--015 \*\*\*\*\*35.00 \*\*\*\*\*\*35.00

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

| 1(Corporation Name)  | (Document #)  |   |
|--|---|---|
| 2(Corporation Name)  | (Document #)  | OZ.NAY : SEDRETATALLAHA                   |
| 3. (Corporation Name)  | (Document #)  | 722 MH IO: 59 TARY OF STATE ASSEE, FLORID |
| 4. (Corporation Name)  Walk in Pick up time  Mail out Will wait          | ·   | rtified Copy                              |
| NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other | AMENDMENTS  Amendment Resignation of R.A., Offic Change of Registered Age Dissolution/Withdrawal Merger | -   |
| OTHER FILINGS  Annual Report Fictitious Name                             | REGISTRATION/QUALIFIC  Foreign Limited Partnership Reinstatement Trademark Other                        | <u>CATION</u>                             |
| •  | Fyar  | ninar's Initials                          |

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## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 9, 2002

COBO PHARMACY, INX. 1501 FLORIDA STREET KEY WEST, FL 33040

SUBJECT: COBO PHARMACY, INC.

Ref. Number: J23082

We have received your document for COBO 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.

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) 245-6869.

Teresa Brown Corporate Specialist

Letter Number: 202A00029403

OZ MAY 22 AM IO: 18
DIVISION OF CORPORATIONS

## ARTICLES OF DISSOLUTION

OZMAY 22 AM 10: 59
TALLAHASSEE, FLOORE

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

| FIRST:      | The name of the corporation is: Cobo Pharmacy, Inc.  |                            |
|-------------|--|----------------------------|
| SECOND:     | The date dissolution was authorized: 12/31/2001  | - comments of a comment of |
| 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.   |                            |
|             | 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)   | r cra <del>mb</del> t.     |
| Si          | gned this $\frac{29}{2002}$ day of $\frac{2002}{2002}$   |                            |
| Signature _ | (By the Chairman or Vice Chairman of the Board, President, or other officer)   |                            |
|             | Luis E. Cobo (Typed or printed name)   | "                          |
|             | President (Title)  |                            |