

L04000042089

(Requestor's Name)

(Address)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

DEC 13 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First Choice Pharmacy Services, LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NuVision
M a n a g e m e n t

Susan Lincoln
Controller
5310 N.W. 33rd Avenue, Suite 211
Fort Lauderdale, Florida 33309
(954) 731-3350
Direct (954) 714-2244
Fax (954) 486-0758
E-mail slincoln@nuvm.com

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Susan Lincoln at (954) 714 2244
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee
☐ 30.00 Filing Fee & Certificate of Status
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
☒ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

1. The name of a limited liability company is
First Choice Pharmacy Services, LLC

2. The Articles of Organization were filed on June 3, 2004 and assigned document number
L04000042089

3. The date the dissolution was approved: AUGUST 31, 2011

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
608.441, Florida Statutes, (copy 608.441 on back cover letter).

Upon the occurrence of events specified in the operating agreement
of First Choice Pharmacy Services, LLC

ASSETS SOLD 9-25-2007

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective
rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be
entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

By: Andrew S. Weiseman
Title: President of HBA Management,
Inc., its General Partner

Comprehensive Pharmacy Services, Ltd.

By: David W. Rombro, its Manager

Institutional Pharmacy Services, LLC