L15006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pharmacy Solutions Plus, Inc.

DOCUMENT NUMBER: L15006

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John J. Crowley, Jr.
(Name of Person)

Coale, Dukes, Kirkpatrick & Crowley, P.C.
(Name of Firm/Company)

2610-B Dauphin Street, Suite 101
(Address)

Mobile, Alabama 36606
(City/State/and Zip Code)

For further information concerning this matter, please call:

John J. Crowley, Jr. at (251) 471-2625
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☑ $35 Filing Fee ☐ $43.75 Filing Fee & Certificate of Status ☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ $52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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 as currently filed with the Department of State:

Pharmacy Solutions Plus, Inc.

SECOND: The document number of the corporation (if known): L15006

THIRD: The date dissolution was authorized: December 29, 2003

Effective date of dissolution if applicable: December 29, 2003
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☑ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by 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

n/a
(voting group)

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Signed this 29th day of December, 2003.

Signature: Merrill Davidson
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Merrill Davidson
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: $35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "***Notice of Corporate Dissolution***" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Pharmacy Solutions Plus, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the ***Articles of Dissolution***.

Description of information that must be included in a claim:

Any claim must contain the name and address of the person or entity asserting it; state the date on which it arose or accrued; and describe, with reasonable specificity, the grounds upon which it is based.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Russell Davidson

Post Office Box 161466

Mobile, Alabama 36616

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Russell Davidson
Printed Name of the Person Filing

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately $35.00