

N0500009938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

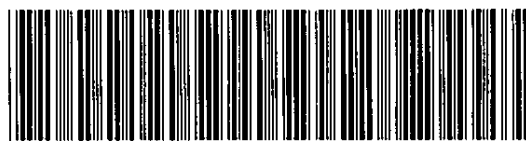
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
MAR 27 10 09 57  
TALLAHASSEE, FLORIDA  
SUFFICIENCY OF FILING

VID W/N  
MAR 28 2014  
R. WHITE

FILED  
14 MAR 27 AM 9:19  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 072632 4392992

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : March 26, 2014

ORDER TIME : 9:58 AM

ORDER NO. : 072632-010

CUSTOMER NO: 4392992

DOMESTIC FILINGS

NAME: PSS/GULF SOUTH MEDICAL SUPPLY  
RELIEF FUND, INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY  
           CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT# 52956

EXAMINER'S INITIALS: \_\_\_\_\_

FILED

14 MAR 27 AM 9:16

ARTICLES OF DISSOLUTION

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
PSS/GULF SOUTH MEDICAL SUPPLY RELIEF FUND, INC.

SECOND: The document number of the corporation (if known): N05000009938

THIRD: Adoption of Dissolution  
(COMPLETE SECTION I OR II)

**SECTION I**

**If the corporation has members entitled to vote:**

(CHECK/COMPLETE ONE)

☐ The date of meeting of members at which the resolution to dissolve was adopted

\_\_\_\_\_. The number of votes cast by the members was sufficient for approval.

☐ The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

**SECTION II**

**If the corporation has no members or members entitled to vote on the dissolution:**

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was March 31, 2014.

The number of directors in office was 3 and the vote for resolution was 3 for and 0 against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: \_\_\_\_\_  
(no more than 90 days after dissolution file date)

Signature: \_\_\_\_\_

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Stanton J. McComb

(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. 617.1407, F.S.*

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

Name of Corporation: PSS/GULF SOUTH MEDICAL SUPPLY RELIEF FUND, 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:*

Name of claimant;

Basis of claim and a detailed description of the facts,

including the date if any material events, giving rise to the claim;  
and amount in dispute.

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

Mckesson Corporation

One Post Street, 33rd Floor

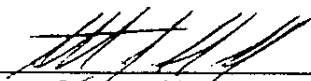
San Francisco, CA 94104

Attn: Cynthia Misko

*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.*

Stanton J. McComb

*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*