

P00000011758

FILED  
01 APR -6 AM 9:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Requester's Name

Address

City/State/Zip

Phone #

Office Use Only

CORPORATION

MANA  
1189 SW 4 ST  
BDA, FL 33424

NUMBER(S), (if known):

1.

(C)

(Document #)

400003962844-7

-04/06/01--01072--006

\*\*\*\*\*35.00 \*\*\*\*\*35.00

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

☐ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

DISS  
4-12-01  
PSS

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

## 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 is: \_\_\_\_\_

\_\_\_\_\_ Your Pharmacist Cares, INC \_\_\_\_\_

SECOND: The date dissolution was authorized: \_\_\_\_\_ 4-2-01 \_\_\_\_\_

THIRD: 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 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

\_\_\_\_\_ Board of Directors \_\_\_\_\_  
(voting group)

Signed this 2 day of April, 2001.

Signature \_\_\_\_\_

(By the Chairman or Vice Chairman of the Board, President, or other officer)

\_\_\_\_\_ Fran K A. Mariano \_\_\_\_\_  
(Typed or printed name)

\_\_\_\_\_ President \_\_\_\_\_  
(Title)

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