Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

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From:

; C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)222-9428

DISSOLUTION

Represent fout date PROCARE PHARMACY WEST COPELAND, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Washaria Filipa Mash

ARTICLES OF DISSOLUTION

Pursuant to following a	section 607.1403, Florida Statutes, this Florida profit corporationticles of dissolution:	n submits the	SECRETATION OF THE PARTY OF THE	04 NOV -9 PH
first:	The name of the corporation is: ProCare Pharmacy West Co	peland, Inc.		H 2:27
SECOND:	The date dissolution was authorized: 4-1-2003			
THIRD:	Adoption of Dissolution (CHECK ONE)			
	solution was approved by the shareholders. The number of votes sufficient for approval.	cast for dissol	ution	
🗖 Dis	solution was approved by vote of the shareholders through voting	groups.		•
	he following statement must be separately provided for each votis ntitled to vote separately on the plan to dissolve:	ıg group		
The	number of votes cast for dissolution was sufficient for approval b	У		
	(voting group)			
Sig	med this 29th day of October,	2004		
Signature _	meanin			
	(By the Chairman or Vice Chairman of the Board, President, or other officer)			
	Melanie K. Luker			
	(Typed or printed name)			
	Assistant Secretary			
	(Title)			