

P00000055352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

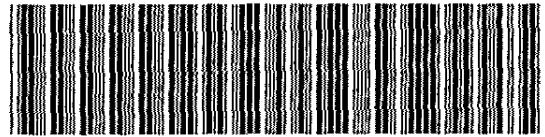
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000048131430

04/07/05--01021--002 **35.00

FILED
05 APR -7 PM 5:03
CLERK OF STATE
TALLAHASSEE, FLORIDA

of vol.

William N. Asma, P.A.
Attorney and Counselor at Law
884 South Dillard Street
Winter Garden, Florida 34787
Ph. (407) 656-5750 Fax (407) 656-0486
william.asma.pa@earthlink.net

April 4, 2005

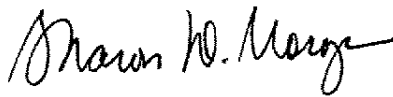
Division of Corporations
Attn: Amendment Section
P.O. Box 6327
Tallahassee, Florida 32314

**RE: Articles of Dissolution
Pharmacy Concepts, Inc.**

Dear Sir/Madam:

Enclosed please find the Articles of Dissolution and Notice of Corporate Dissolution for filing. The fee in the sum of \$35.00 is included. Thank you for your assistance concerning this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Sharon D. Morgan".

Sharon D. Morgan for
William N. Asma, Esquire

:sm
Enclosure

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 Florida Department of State:

PHARMACY CONCEPTS, INC.

SECOND: The document number of the corporation (if known): P00000055352

THIRD: The date dissolution was authorized: MARCH 1, 2005

Effective date of dissolution if applicable: MARCH 1, 2005

(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

(voting group)

Signed this 15th day of April, 2005

Signature: _____

(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)

THOMAS J. FRY

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED
05 APR - 7 PM 5:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 CONCEPTS, 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:

CLAIMANT

DATE OF CLAIM

DESCRIPTION

AMOUNT OF CLAIM

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

4502 35TH STREET

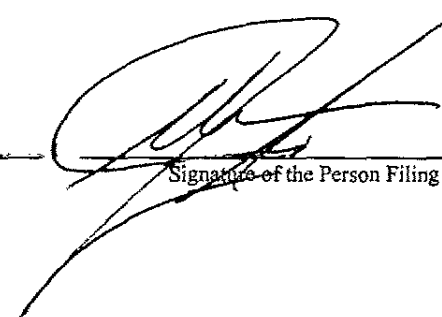
SUITE 100-B

ORLANDO, FLORIDA 32811

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.

THOMAS J. FRY

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