P03000157514

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DISSOLUTION OF CORPORATION
DOCUMENT NUMBER: PO 3000157-914
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
KATIHLEEN WEBER
KATHLEEN WEBER PHARMD CPH, INC. (Firm/Company)
2800 SEASPRAY ST
SAUASUA (Address) SAUASUA (City/State and Zip Code)
(City/State and Zip Code) For further information concerning this matter, please call:
(Name of Contact Person) at (941) 923 4989 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
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MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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: KATHUEN WEBER, PHARMO, CH, INC.	
SECOND:	The document number of the corporation (if known): POS 000157514	
THIRD:	The file date the articles of incorporation: 12/2(12003	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	
	The corporation has not commenced business.	
FIFTH:	No debt of the corporation remains unpaid.	
SIXTH:	No debt of the corporation remains unpaid. The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	
SEVENTH:	Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
A majority of the directors authorized the dissolution.		
Sign	ature: (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.) (Typed or printed name of person signing)	
	MESIDEM	

Filing Fee: \$35

(Title of Person Signing)