Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000054680 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

: (850)205-0380 Fax Number

Frome

: EXPRESS CORPORATE FILING SERVICE INC. Account Name

Account Number : 120000000146 Phone ; (305) 444-4994

Fax Number

: (305)444-4977

## DISSOLUTION

HEALTHCARE PHARMACY, INC.

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

Beckeric Filma Wanw

Composite Wina

https://efile.sunbiz.org/scripts/efilcovr.exe

3/4/2005

(((H05000054680)))

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following Articles of Dissolution:

FIRST:	T: The name of the corporation as engrently filed with the Florida Department of State:	
	Healthcare Pharmacy, Inc.	
SECOND:	The document number of the corporation (if known): P04000043252	
THIRD:	The file date of the articles of incorporation: 3-10-04	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.  The corporation has not commenced business.  No debt of the corporation remains unpaid.  The net assets of the corporation remaining after winding up have been distributed.	
	The corporation has not commenced business.	
FIFTH:	No debt of the corporation remains unpaid.	
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	
SEVENTI	l: Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
Signed this 4 day of March . 2005.		
Signature:  (By a director, president or other officer - if directors or officers have addition selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)		
	(Typed in printed name of person signing)	
	President (Whe of person algering)	

Filing Fee: \$35