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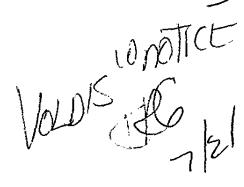
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SECRETARY OF STATE
SALL AHASSEE, FLORID



COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, Florida 32314

Division of Corporations
SUBJECT: THE MEDICARE SHOPPE INCORPORATED.
DOCUMENT NUMBER: P04000167221
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Luis A. FERNANDEZ (Name of Person)
(Name of Person)
DADE Phurmacy DISCOURT Inc. (Name of Firm/Company)
3013 East 4Th Avenue
(Address)
Healeut, Florida 33013. (City/State/and Zip Code)
(City/State/and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (305) 362-8418 / (305) 693-3
Enclosed is a check for the following amount:
\$35 Filing Fee \$\sum \\$43.75 Filing Fee & \sum \\$\$43.75 Filing Fee & \sum \\$\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy is enclosed) (Additional copy is enclosed) (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations STREET ADDRESS: Amendment Section Division of Corporations

409 E. Gaines Street

Tallahassee, Florida 32399

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

Filing Fee: \$35

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: The MEDICARE SHOPPE 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:
a. TOTAL BALANCE.
B. Name of Organization Billing the Balance. C- Aponess of organization Billing the Balance. Of Trunces Station Balance
c- Aponess of organization Billing the Bulance.
D. Invoices stating Balance
E. Copies of PAYMENT Mape to Balance.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 3013 East 4th Ave HudwH Ft 33013
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.
Luis A. Fermanoez Ymf.
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