

PO 4000.167 221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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notice  
VLD/IS  
7/21

**COVER LETTER**

**TO:** Amendment Section  
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)

DADE PHARMACY DISCOUNT INC.  
(Name of Firm/Company)

3013 EAST 4TH AVENUE  
(Address)

HALETH, FLORIDA 33013  
(City/State/and Zip Code)

For further information concerning this matter, please call:

LUIS A. FERNANDEZ at ( 305 ) 362-8418 / (305) 693-35  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee    ☒ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**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:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

THE MEDICARE SHOPPE INC.

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

P04000167221

THIRD: The file date the articles of incorporation:

12-14-2004

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: 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.

Signed this 14<sup>th</sup> day of July, 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.)

Luis A. Fernandez

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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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: 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. Address of Organization Billing the Balance.
- d. INVOICES stating Balance
- e. COPIES OF PAYMENT MADE to Balance.

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

3013 East 4<sup>th</sup> Ave  
Hialeah, FL 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. FERNANDEZ  
Printed Name of the Person Filing

[Signature]  
Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00