

**P05000078249**

Florida Department of State  
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.**

((H07000203465 3)))



H070002034653ABC.

**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  
Fax Number : (850) 205-0380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA0000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5926

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

07 AUG 13 AM 9:17

FILED

**DISSOLUTION OR WITHDRAWAL**

**ELDER HEALTH PRESCRIPTION DRUG PLAN, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED

07 AUG 13 AM 8:00

DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

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

*Cur*  
*Dr. J. S. Mackay*  
*Corp*

## 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:

Elder Health Prescription Drug Plan, Inc.

SECOND: The document number of the corporation (if known): P050000782249

THIRD: The file date the articles of incorporation: 5/24/05

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.

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.)

Frances A. Woodward

(Typed or printed name of person signing)

Corporation Secretary-Elder Health Prescription Drug Plan, Inc.

(Title of Person Signing)

Filing Fee: \$35

FILED  
07 AUG 13 AM 9:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA