

PO 6000037223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700240001047

700240001047
09/28/12--01003--001 **35.00

FILED
12 SEP 28 PM 2:04
SEAL
NATL JUDGE STATE
FLORIDA

FD Diss
eff 10/1

SEP 28 2012

C. MUSTAIN

TO : FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
AMENDMENT SECTION
P.O. BOX-6327
TALLAHASSEE, FL 32314

SUBJECT: DISSOLUTION OF CORPORATION

RESPECTED SIR OR MADAM
WE HEREBY SENDING YOU REQUEST TO DISSOLVE THE CORPORATION
THE BUSINESS IS NO LONGER OPERATING.
DOCUMENT NO: P06000037223
FEIN NO: 20-4542085
PLEASE FILE DOCUMENTS BY OCTOBER 1ST 2012
WE ARE HEREBY SENDING YOU NECESSARY FORM AND FILING FEES
ALONG WITH COVERING LETTER.

PLEASE SEND ANY COMMUNICATION TO ADDRESS BELOW:
THE MEDICINE SHOPPE.
8324 U.S. HWY. 301 N
PARRISH-FL-34219
941-479-7904
PLEASE CALL US IF YOU HAVE ANY QUESTION. ON ABOVE PHONE NUMBER.
THANKS

VR. Patel

VASANTIBEN PATEL

Dt Sept 11th 2012

eff Oct 1

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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:

HEALTH CARE CORPORATION

SECOND: The document number of the corporation (if known): P06000037223

THIRD: The date dissolution was authorized: SEPT 17th 2012

Effective date of dissolution if applicable: OCTOBER 1st 2012
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

OFFICER

(voting group)

FILED
12 SEP 28 PM 2:04
STATE
TALLAHASSEE, FLORIDA

Signature: V. R. Patel

(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)

PATEL VASANTIBEN

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

Filing Fee: \$35