

PO 6000037223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

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12 SEP 28 PM 2:04
STATE
FLORIDA

*FUDiss
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 Sep 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)

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SECRETARY OF 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