Division of Corporations Electronic Filing Cover Sheet

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)220-1440

DISSOLUTION OR WITHDRAWAL PHARMACY CONSULTANT SOLUTIONS INC

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#3504 P. 002/003



September 21, 2011

FLORIDA DEPARTMENT OF STATE

PHARMACY CONSULTANT SOLUTIONS INC. Division of Corporations 18046 S.W. 29TH ST

SUBJECT: PHARMACY CONSULTANT SOLUTIONS INC

REF: P08000026754

MIRAMAR, FL 33029

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please correct the date the dissolution was authorized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filling of your document, please call (850) 245-6925.

Teresa Brown Regulatory Specialist II FAX Aud. #: H11000230208 Letter Number: 911A00021812

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11 SEP 21 AM II: 58
SECRETARY OF STATE
FALLAHASSEE, ELORIOR

H11000230208

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: PHARMACY CONSULTANT SOLUTIONS INC	
SECOND:	The document number of the corporation (if known): P08000026754	
THIRD:	The date dissolution was authorized:	
	Effective date of dissolution if applicable: (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	
S	(voting group) Signature: (By a director, presidest 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)	
	LEONARDO I. SIGLER	
	(Typed or printed name of person signing)	
	RA/PD	
·	(Title of person signing)	