## P08000110399

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**EXAMINER** 

## **COVER LETTER**

**TO:** Amendment Section

Division of Corporations	
SUBJECT: American Pharmaceutical Gre	ap. Inc.
DOCUMENT NUMBER: P08000110399	
The enclosed Articles of Dissolution and fee are submitted f	or filing.
Please return all correspondence concerning this matter to the	e following:
Chris H. Fillpelli (Name of Contact Person)	<del></del>
American Phermaceatical Group (Firm/Company)	
1430 NE 26th Street (Address)	
Wilton Manors, FL 33305 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Chris VI. Filippelli at (954 (Name of Contact Person) (Area C	) <u>533 - 3900</u> Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	,
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 3230!

## 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:
	American Pharmaceutical Evoup, Inc.
SECOND:	The document number of the corporation (if known): POSOO 110399
THIRD:	The date dissolution was authorized: 3/2/11
	Effective date of dissolution if applicable: 4\30\11  (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
	(voting group)
	(voting group)
S	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of receiver, trustee, or other court appointed fiduciary, by that fiduciary)
-	Chris H. Filippelli (Typed or printed name of person signing)
	(Typed or printed name of person signing)  President  (Title of person signing)

Filing Fee: \$35