

P100000048621

Florida Department of State
Division of Corporations
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.

((H11000215583 3)))



H11000215583ABC-

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) 617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

**DISSOLUTION OR WITHDRAWAL
WELLCARE THERAPEUTIC, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

FILED

11 AUG 31 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
11 AUG 31 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UD

Electronic Filing Menu

Corporate Filing Menu

Help

H11000215583

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:

WELLCARE THERAPEUTIC, INC.

SECOND: The document number of the corporation (if known): P10000048621

THIRD: The date dissolution was authorized: 08-31-11

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

(voting group)

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)

ANIER E. ARCE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

H11000215583

FILED
11 AUG 31 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA