**Electronic Filing Cover Sheet** 

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(((H120000109103)))



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DISSOLUTION OR WITHDRAWAL ONE FAMILY PHARMACY INC

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## H12000010910

## 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: SECOND: The document number of the corporation (if known): 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 Dissolution was approved by the sharcholders 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 define, president or other officer - if directors or officers have not been selected, by an indopprator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

(Typed or printed name of person signing)

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Filing Fee: \$35

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