P11000069623

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

D155.

MAY - 1 2012

T. BROWN

COVER LETTER

Division of Corporations
SUBJECT: Pharm Care Pharmacy INC.
DOCUMENT NUMBER: P11 000 0 69 623
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
WAJDI ALSAEDI (Name of Contact Person)
(Firm/Company)
3180 N JOG Rd. APT 4308 (Address)
WPB FL 33411 (City/State and Zip Code)
For further information concerning this matter, please call:
WAJDI ALSAEDI at (910) 391-0831 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:	
	Pharm Care Pharmacy INC	
SECOND:	The document number of the corporation (if known): PL(00069623	
THIRD:	The file date of the articles of incorporation: S/3/2011	
FOURTH:	(CHECK AT LEAST ONE BOX)	
	(CHECK AT LEAST ONE BOX) None of the corporation's shares have been issued.	
	The corporation has not commenced business.	
FIFTH:	No debt of the corporation remains unpaid.	
SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.		
SEVENTH	Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
A majority of the directors authorized the dissolution.		
Sign	ature: (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.)	
	(Typed or printed name of person signing)	
	OW New / President (Title of Person Signing)	

Filing Fee: \$35