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.

(((H15000081192 3)))



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:

Electronic Filing Menu

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

DISSOLUTION OR WITHDRAWAL MAURY DISCOUNT PHARMACY CORP.

02
\$35.00

Corporate Filing

Help

ARTICLES OF DISSOLUTION

of dissolution	n:
FIRST;	The name of the corporation as currently filed with the Florida Department of State:
	Maury Discount Pharmacy Cor
SECOND:	The document number of the corporation (if known): P12-0000 3 + 1058
THIRD:	The date dissolution was authorized: 4-1-15
	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
,	± 5
	(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, trustoc, or other court appointed fiduciary, by that fiduciary)
	Sanay Perez
	(Typed or printed name of person signing)
•	(Title of person signing)