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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)675-5944

DISSOLUTION OR WITHDRAWAL

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

MED CHOICE PHARMACY CORP

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H1400028747

ARTICLES OF DISSOLUTION

Pursuant to of dissolution	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles on:
FIR9T;	The name of the corporation as currently filed with the Florida Department of State: MED CHOICE PHARMACY CORP
SECOND:	The document number of the corporation (if known): P14000097345
THIRD:	The date dissolution was authorized: 12-12-14
• •	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 of 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)
	PRESIDE NT (Title of person signing)

Filing Fee: \$35