Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Fax Number

: (650)222~9428

DISSOLUTION

PROMED PHARMICENTER, INC.

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

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Activates filing

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 Sta	S T	
SECOND:	The document number of the corporation (if known): P93000016962	颜 5	1
THIRD:	The date dissolution was authorized: 12/31/04	A9 3 1	ン
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)	- 30	
FOURTH:	Adoption of Dissolution (CHECK ONE)	.,	
	Dissolution was approved by the shareholders. The number of votes east for dissolution was sufficient for approval.		
	☐ Dissolution was approved by of 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)		
	Signed this 22nd day of March , 2005	<u></u> *	
	Signature: (By a director, president or other efficer - if directors or officers have not been selected an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary that fiduciary)	l, b y y, by	
	Caitlin M. Lausen	_	
	(Typed or printed name of person signing)		
	Sole Director		
	(Title of person signing)		

Filing Fee: \$35