

P96000057294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

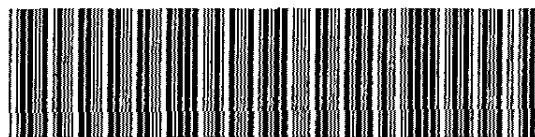
(Business Entity Name)

(Document Number)

Certified Copies ☒ Certificates of Status ☐

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900043593049

12/27/04--01097--007 **43.75

EFFECTIVE DATE
12-31-04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 DEC 27 AM 8:52

FILED

Dissolution w/Notice

T BROWN JAN - 5 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Pharmagen, Inc.

DOCUMENT NUMBER: P96000057294

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John R. Battle, CPA

(Name of Person)

Pharmagen, Inc.

(Name of Firm/Company)

2500 SW 17th Road, Building 100

(Address)

Ocala, FL 34474

(City/State/and Zip Code)

For further information concerning this matter, please call:

John R. Battle, CPA

(Name of Person)

at (352) 861-9078

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☒ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

EFFECTIVE DATE
12-31-04

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 Department of State:

Pharmagen, Inc (previously filed as Florida Regional Healthcare System, Inc)

SECOND: The document number of the corporation (if known): P96000057294

THIRD: The date dissolution was authorized: 12/17/04

Effective date of dissolution if applicable: 12/31/04
(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 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 17th day of December, 2004.

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, trustee, or other court appointed fiduciary, by that fiduciary)

D. Russell Locke

(Typed or printed name of person signing)

President and Director

(Title of person signing)

Filing Fee: \$35

FILED
04 DEC 27 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Pharmagen, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Full legal name of corporation, address of corporation, phone number of corporation, contact person of corporation,
full name and addresses of owners of corporation, full name and addresses of corporations officers and directors,
date and nature of business occurrence for which claim is file. If individual, provide full name, address, phone
number and date and nature of business occurrence for which claim is filed. Also corporations and individuals
must provide documentation of business occurrence with Pharmagen, Inc.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

2500 Southwest 17th Road, Building 100

Ocala, FL 34474

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

D. Russell Locke

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00