## OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC. (Requestor's Name) 3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (City, State, Zip) (Phone #)

**500002631256--5**-09/02/98--01059--003
\*\*\*\*\*35.00 \*\*\*\*\*\*35.00

Examiner's Initials

LOCAL REPRESENTATIVE TADDAM	HOOFE	OFFICE USE ONLY	
CORPORATION NAME(S) & 1	DOCUMENT NUM	BER(S) (if known):	<b>.</b>
1. PROCAPE CO (Composition Name)	OMMUNÍ	TY PHARMA( (Document #)	CY, INC.
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(Corporation Name)		(Document #)	
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Other

## ARTICLES OF DISSOLUTION

Pursuant to following a	section 607.1403, Florida Statutes, this Florida profit corporation submits the $S_{ij}$ rticles of dissolution:
first:	The name of the corporation is: Procare Community Pharmacy, Inc.
SECOND:	The date dissolution was authorized: August 31, 1998
THIRD:	Adoption of Dissolution (CHECK ONE)
was	olution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.  olution was approved by vote of the shareholders through voting groups.
	he following statement must be separately provided for each voting group ntitled to vote separately on the plan to dissolve:
The	number of votes cast for dissolution was sufficient for approval by
	(voting group)
Sign	ed this 31st day of August , 19 98 .
Signature	(By the Chairman or Vice Chairman of the Board, President, or other officer)
•	Mercy Valle
**	(Typed or printed name)
J	President