

P98000046315

Florida Department of State  
Division of Corporations  
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## Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850) 205-0380

## From:

Account Name : REIMER & ROSENTHAL LLP  
Account Number : I20000000101  
Phone : (954) 384-9200  
Fax Number : (954) 384-0017

EFFECTIVE DATE

12-30-04

## DISSOLUTION

MEDISTAT PHARMACY SERVICES, INC.

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

RECEIVED

04 DEC 14 PM 4:25

DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Dissolution w/ Notice

12/14/2004 04:20  
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12/14/2004 3:49

REIMER&ROSENTHAL

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Florida Dept of State

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

December 14, 2004

MEDISTAT PHARMACY SERVICES, INC.  
955 SHOTGUN RD  
FORT LAUDERDALE, FL 33326US

SUBJECT: MEDISTAT PHARMACY SERVICES, INC.  
REF: P98000046315

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must state the date the dissolution was authorized.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Teresa Brown  
Document Specialist

FAX Aud. #: H04000246192  
Letter Number: 504A00069706

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EFFECTIVE DATE  
12-30-04

## 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:

Medistat Pharmacy Services, Inc.

SECOND: The document number of the corporation (if known): P98000046315

THIRD: The date dissolution was authorized: 12/9/04

Effective date of dissolution if applicable: 12/30/04  
(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 14 day of December, 2004

Signature: [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)

David Maya

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA

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**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: Medistat Pharmacy Services, 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:

(1) The name, address and telephone number of the claimant;

(2) A detailed description of the nature of the claim,

(3) The date that the claim first became known to the claimant.

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


1532 Victoria Isle Way

Weston, FL 33327

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.

David Maya

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

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