P99000023645

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



400027049104

01/21/04--01006--026 **43.75



1/28/04 D:55, 58



January 16, 2004

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dissolutions

Dear Sir or Madam:

Please find enclosed the originally executed Articles of Dissolution for the following entities:

Sinuspharmacy, LLC Home Infusion Pharmacy, LLC Pharmacy Plus, Inc.

Please file the Articles of Dissolution and return a certified copy of each filing to me at the following address:

Kumarie S. Jagnarain Corporate Paralegal Priority Healthcare Corporation 250 Technology Park Drive Lake Mary, Florida 32746

If you need anything further, please feel free to contact me directly at (407) 804-8141.

Thank you for your assistance.

Sincerely,

Kumarie S. Jagnarain Corporate Paralegal

Licensing and Compliance

KSJ/ksj Enclosures

250 Technology Park Lake Mary, FL 32746 (800) 892-9622 Fax: (800) 932-2684 www.priorityhealthcare.com

FILED

ARTICLES OF DISSOLUTION

04 JAN 21 PM 2: 31

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation is:	Pharmacy Plus, Inc.		
SECOND:	COND: The date dissolution was authorized: December 12, 2003			
THIRD:	Adoption of Dissolution (CHECK ONE)			
	solution was approved by the shareholder sufficient for approval.	rs. The number of votes	cast for dissolution	
☐ Diss	solution was approved by vote of the sha	reholders through voting	ggroups.	
	The following statement must be separated nutitled to vote separately on the plan to a		ng group	
The	number of votes cast for dissolution was	sufficient for approval l	by	
<u> </u>	(voting grou	ib)		
Sig	gned this day of Decem	iber ,	2003	
Signature Alexa Mana Signature (By the Chairman of Vice Chairman of the Board, President, or other officer)				
	Rebecca M. Shanahan (Typed or printed)	i name)		
	Vice President & Secretary (Title)			