2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2012
Secretary of State

DOCUMENT# P08000085455

Entity Name: PHYSICIAN PREFERRED PHARMACY.INC

Current Principal Place of Business:

1326 NORTH STATE ROAD 7
MARGATE, FL 33063

New Principal Place of Business:

5221 COCONUT CREEK PARKWAY
MARGATE, FL 33063

Current Mailing Address:

1334 NORTH STATE ROAD 7
MARGATE, FL 33063

New Mailing Address:

5217 COCONUT CREEK PARKWAY
MARGATE, FL 33063

FEI Number: 26-3373758 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHIELDS, BOBBY L
2350 NW 36 AVE
COCONUT CREEK, FL 33066 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: KAPLAN, LORI
Address: 5217 COCONUT CREEK PARKWAY
City-St-Zip: MARGATE, FL 33063

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LORI KAPLAN PRES 04/09/2012

Electronic Signature of Signing Officer or Director Date