

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000051089

FILED  
Apr 07, 2011  
Secretary of State

**Entity Name:** PRESCRIPTION CARE PHARMACY, INC.

**Current Principal Place of Business:**

5890 STERLING RD.  
HOLLYWOOD, FL 33021 US

**New Principal Place of Business:**

**Current Mailing Address:**

5890 STERLING RD.  
HOLLYWOOD, FL 33021 US

**New Mailing Address:**

FEI Number: 65-0427534

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARCOLINO, FERNANDO  
5890 STERLING RD.  
HOLLYWOOD, FL 33021 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: PVST  
Name: MARCOLINO, FERNANDO  
Address: 5890 STERLING RD.  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D  
Name: MARCOLINO, FERNANDO  
Address: 5890 STERLING RD.  
City-St-Zip: HOLLYWOOD, FL 33021

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: FERNANDO MARCOLINO

PVST

04/07/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date