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: KATHLEEN A. BLOCKER

Electronic Signature of Signing Officer/Director Detail

Entity Name: MEDCO OF FLORIDA, INC.

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

9780 SE 146TH PL SUMMERFIELD. FL 34491

DOCUMENT# M52247

Current Mailing Address:

9780 SE 146TH PL SUMMERFIELD, FL 34491 US

FEI Number: 59-2826278

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

BLOCKER, KATHLEEN A 9780 SE 146TH PL SUMMERFIELD, FL 34491 US

Officer/Director Detail :

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:

Title	PTS	Title	D
Name	BLOCKER, KATHLEEN A	Name	BLOCKER, KATHLEEN A
Address	9780 SE 146TH PL	Address	9780 SE 146TH PL
City-State-Zip:	SUMMERFIELD FL 34491	City-State-Zip:	SUMMERFIELD FL 34491

03/30/2015

FILED Mar 30, 2015 Secretary of State CC9774168421

Date

Certificate of Status Desired: No

PTS D