

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M52247

**Entity Name:** MEDCO OF FLORIDA, INC.

**Current Principal Place of Business:**

9780 SE 146TH PL  
SUMMERFIELD, FL 34491

**Current Mailing Address:**

9780 SE 146TH PL  
SUMMERFIELD, FL 34491 US

**FEI Number: 59-2826278**

**Certificate of Status Desired: No**

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

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

*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

**Officer/Director Detail :**

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

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

*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**

**PTS**

**04/19/2016**

Electronic Signature of Signing Officer/Director Detail

Date