

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000099990

**Entity Name:** PHYSICIANS PREFERRED PRODUCTS, INC.

**Current Principal Place of Business:**

10088 NW 3RD PLACE  
CORAL SPRINGS, FL 33071

**Current Mailing Address:**

10088 NW 3RD PLACE  
CORAL SPRINGS, FL 33071

**FEI Number: 57-1186009**

**Certificate of Status Desired: No**

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

SAGOO, GURDIP  
10088 NW 3RD PLACE  
CORAL SPRINGS, FL 33071 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 P  
Name SAGOO, GURDIP  
Address 10088 NW 3R PLACE  
City-State-Zip: CORAL SPRINGS FL 33071

Title VP  
Name CHANNE, AJIT  
Address 10088 NW 3RD PL  
City-State-Zip: POMPANO BEACH FL 33071

Title MGR  
Name CHANNE, AJIT  
Address 10088 NW 3RD PL  
City-State-Zip: CORAL SPRINGS FL 33071

*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: AJIT CHANNE**

VP

04/28/2014

Electronic Signature of Signing Officer/Director Detail

Date