

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000041998

**Entity Name:** CHOICE PHARMACY, INC.

**Current Principal Place of Business:**

5913 NORTH ARMENIA AVENUE  
TAMPA, FL 33603

**Current Mailing Address:**

5913 NORTH ARMENIA AVENUE  
TAMPA, FL 33603 US

**FEI Number:** 20-8791602

**Certificate of Status Desired:** No

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

DIKE, VERONICA  
5913 NORTH ARMENIA AVENUE  
TAMPA, FL 33603 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            PRESIDENT  
Name            DIKE, VERONICA I  
Address        5913 NORTH ARMENIA AVENUE  
City-State-Zip: TAMPA FL 33603

*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:** VERONICA DIKE

**PRESIDENT**

**01/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date