

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000085455

**Entity Name:** PHYSICIAN PREFERRED PHARMACY, INC.

**Current Principal Place of Business:**

2700 NORTH STATE ROAD 7  
MARGATE, FL 33063

**Current Mailing Address:**

2700 NORTH STATE ROAD 7  
MARGATE, FL 33063 US

**FEI Number: 26-3373758**

**Certificate of Status Desired: No**

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

SUGIMOTO & ASSOCIATES, INC  
13120 SW 107TH STREET  
MIAMI, FL 33186 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: DIANE SUGIMOTO**

**01/31/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name BYERS, SARA  
Address 2700 NORTH STATE ROAD 7  
City-State-Zip: MARGATE FL 33063

*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: SARA BYERS**

**PRESIDENT**

**01/31/2017**

Electronic Signature of Signing Officer/Director Detail

Date