

2014 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:

SHIELDS, BOBBY L
2350 NW 36 AVE
COCONUT CREEK, FL 33066 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 KAPLAN, LORI
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: LORI KAPLAN

PRESIDENT

02/21/2014

Electronic Signature of Signing Officer/Director Detail

Date