

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000049459

Entity Name: MED CARE CHOICE PHARMACY, INC.

FILED
Jan 13, 2014
Secretary of State
CC5013202860

Current Principal Place of Business:

3570 CONSUMER STREET
8
RIVIERA BEACH, FL 33404

Current Mailing Address:

3570 CONSUMER STREET
8
RIVIERA BEACH, FL 33404 PB

FEI Number: 46-2930393

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN, TREPHENE C
3570 CONSUMER STREET
8
RIVIERA BEACH, FL 33404 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 BROWN, TREPHENE C
Address 3570 CONSUMER STREET, # 8
City-State-Zip: RIVERA BEACH FL 33404

Title S
Name BROWN, TREPHENE C
Address 3570 CONSUMER STREET, # 8
City-State-Zip: RIVERA BEACH FL 33404

Title D
Name BROWN, TREPHENE C
Address 3570 CONSUMER STREET, # 8
City-State-Zip: RIVERA BEACH FL 33404

Title T
Name BROWN, TREPHENE C
Address 3570 CONSUMER STREET, # 8
City-State-Zip: RIVERA BEACH FL 33404

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: TREPHENE BROWN

PRESIDENT

01/13/2014

Electronic Signature of Signing Officer/Director Detail

Date