

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000049459

Entity Name: MED CARE CHOICE PHARMACY, INC.

Current Principal Place of Business:

146 N FEDERAL HWY
DEERFIELD BEACH, FL 33441

Current Mailing Address:

146 N FEDERAL HWY
DEERFIELD BEACH, FL 33441 US

FEI Number: 46-2930393

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BROWN, TREPHENE C
146 N FEDERAL HWY
DEERFIELD BEACH, FL 33441 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 146 N FEDERAL HWY
City-State-Zip: DEERFIELD BEACH FL 33441

Title S
Name BROWN, TREPHENE C
Address 146 N FEDERAL HWY
City-State-Zip: DEERFIELD BEACH FL 33441

Title D
Name BROWN, TREPHENE C
Address 146 N FEDERAL HWY
City-State-Zip: DEERFIELD BEACH FL 33441

Title T
Name BROWN, TREPHENE C
Address 146 N FEDERAL HWY
City-State-Zip: DEERFIELD BEACH FL 33441

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

OWNER

01/15/2016

Electronic Signature of Signing Officer/Director Detail

Date