

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000049459

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

**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

**OWNER**

**01/05/2015**

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

\_\_\_\_\_  
Date