

**2017 FLORIDA PROFIT CORPORATION AMENDED 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:** No

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

BRYAN, JHODI  
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:** JHODI BRYAN

03/23/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name BRYAN, JHODI  
Address 146 N FEDERAL HWY  
City-State-Zip: DEERFIELD BEACH FL 33441

Title S  
Name BRYAN, JHODI  
Address 146 N FEDERAL HWY  
City-State-Zip: DEERFIELD BEACH FL 33441

Title D  
Name BRYAN, JHODI  
Address 146 N FEDERAL HWY  
City-State-Zip: DEERFIELD BEACH FL 33441

Title T  
Name BRYAN, JHODI  
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:** JHODI BRYAN

P

03/23/2017

Electronic Signature of Signing Officer/Director Detail

Date