

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000029263

Entity Name: PHYSICIANS PHARMACY MANAGEMENT CORP.

Current Principal Place of Business:

2604 TAMPA EAST BLVD.
SUITE C
TAMPA, FL 33619

Current Mailing Address:

2604 TAMPA EAST BLVD.
SUITE C
TAMPA, FL 33619 US

FEI Number: 46-5278918

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MUSCA, DANIEL G ESQ.
13139 W. LINEBAUGH AVE.
SUITE 101
TAMPA, FL 33626 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 PD
Name SALTZMAN, JON
Address 2604 TAMPA EAST BLVD., SUITE C
City-State-Zip: TAMPA FL 33619

Title VPD
Name FLAX, DAVID
Address 2604 TAMPA EAST BLVD., SUITE C
City-State-Zip: TAMPA FL 33619

Title TSD
Name WIETING, YVONNE
Address 2604 TAMPA EAST BLVD., SUITE C
City-State-Zip: TAMPA FL 33619

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: YVONNE WIETING

TSD

04/23/2015

Electronic Signature of Signing Officer/Director Detail

Date