

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000029263

**FILED  
Mar 09, 2016  
Secretary of State  
CC1197927446**

**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            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**

**03/09/2016**

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

\_\_\_\_\_  
Date