

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000013726

Entity Name: CHOICE RX PHARMACY, INC.

Current Principal Place of Business:

8280 NW 27TH STREET
ATTN: LICENSING DEPARTMENT SUITE #503
DORAL, FL 33122

Current Mailing Address:

8280 NW 27TH ST
ATTN: CHRISTIE HANCOCK SUITE #503
DORAL, FL 33122 US

FEI Number: 47-3137802

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: SHEILA HELEMS, ASST. SECRETARY

01/26/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name CASILLAS, PATRICIO
Address 8260 NW 27 ST
 ATTN: CHRISTIE HANCOCK STE #401

City-State-Zip: DORAL FL 33122

Title DIRECTOR
Name HARROFF, JOHN
Address 8260 NW 27TH ST
 ATTN: CHRISTIE HANCOCK STE. #401

City-State-Zip: DORAL FL 33122

Title DIRECTOR
Name HORVILLEUR, CAMILO
Address 8260 NW 27TH ST
 ATTN: CHRISTIE HANCOCK STE #401

City-State-Zip: DORAL FL 33122

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: PATRICIO CASILLAS

PRESIDENT

01/26/2017

Electronic Signature of Signing Officer/Director Detail

Date