

**2017 FLORIDA PROFIT CORPORATION AMENDED 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:** No

**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

03/06/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR

Title            DIRECTOR

Name            CASILLAS, PATRICIO

Name            FOREMAN, STEPHEN

Address        8260 NW 27 ST  
                  ATTN: CHRISTIE HANCOCK STE #401

Address        8260 NW 27TH STREET  
                  ATTN: LICENSING DEPARTMENT  
                  SUITE #401

City-State-Zip: DORAL FL 33122

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

03/06/2017

Electronic Signature of Signing Officer/Director Detail

Date