

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000067629

Entity Name: MEDCO HEALTHCARE SERVICES DIRECT CORP

Current Principal Place of Business:

550 FAIRWAY DRIVE
107
DEERFIELD BEACH, FL 33441

Current Mailing Address:

P O BOX 1151
DEERFIELD BEACH, FL 33443 US

FEI Number: 47-3151595

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILD, WILLIAM J
550 FAIRWAY DRIVE
107
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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title P
Name WILD, WILLIAM J
Address 550 FAIRWAY DRIVE
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: WILLIAM WILD

REGISTERED AGENT

04/25/2017

Electronic Signature of Signing Officer/Director Detail

Date