

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000076612

**Entity Name:** THE PHYSICIAN DISPENSING ASSOCIATION, INC.**Current Principal Place of Business:**3111 CLINT MOORE RD, #108  
BOCA RATON, FL 33496**Current Mailing Address:**3111 CLINT MOORE RD  
BOCA RATON, FL 33496 US**FEI Number:** 46-2474773**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUSINESS FILINGS INCORPORATED  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** MARK WILLIAMS

01/15/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name PHILLIPS, ANTHONY  
Address 3111 CLINT MOORE RD, #108  
City-State-Zip: BOCA RATON FL 33496

Title PRESIDENT  
Name PHILLIPS, ANTHONY  
Address 3111 CLINT MOORE RD, #108  
City-State-Zip: BOCA RATON FL 33496

Title VICE-PRESIDENT  
Name PHILLIPS, ANTHONY  
Address 3111 CLINT MOORE RD, #108  
City-State-Zip: BOCA RATON FL 33496

Title SECRETARY  
Name PHILLIPS, ANTHONY  
Address 3111 CLINT MOORE RD, #108  
City-State-Zip: BOCA RATON FL 33496

Title TREASURER  
Name PHILLIPS, ANTHONY  
Address 3111 CLINT MOORE RD, #108  
City-State-Zip: BOCA RATON FL 33496

*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:** ANTHONY PHILLIPS**DIRECTOR**

01/15/2018

Electronic Signature of Signing Officer/Director Detail

Date