

2017 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

02/08/2017

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**

02/08/2017

Electronic Signature of Signing Officer/Director Detail

Date