

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000051089

Entity Name: PRESCRIPTION CARE PHARMACY, INC.

Current Principal Place of Business:

5820 STIRLING ROAD
HOLLYWOOD, FL 33021

Current Mailing Address:

5820 STIRLING ROAD
HOLLYWOOD, FL 33021 US

FEI Number: 65-0427534

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARCOLINO, FERNANDO
5820 STIRLING ROAD
HOLLYWOOD, FL 33021 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 PVST
Name MARCOLINO, FERNANDO
Address 5820 STIRLING ROAD
City-State-Zip: HOLLYWOOD FL 33021

Title D
Name MARCOLINO, FERNANDO
Address 5820 STIRLING ROAD
City-State-Zip: HOLLYWOOD FL 33021

Title DIRECTOR
Name MARCOLINO, FRANK A
Address 5820 STIRLING ROAD
City-State-Zip: HOLLYWOOD FL 33021

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: FERNANDO MARCOLINO

PRESIDENT

03/19/2014

Electronic Signature of Signing Officer/Director Detail

Date