

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000109972

FILED
Jul 25, 2007
Secretary of State

Entity Name: PHYSICIAN'S CHOICE DISPENSING SERVICES, LLC

Current Principal Place of Business:

2301 WEST SAMPLE ROAD, SUITE 7A
POMPANO BEACH, FL 33073

New Principal Place of Business:

2301 WEST SAMPLE ROAD
BLDG 3, SUITE 7A
POMPANO BEACH, FL 33073

Current Mailing Address:

2301 WEST SAMPLE ROAD, SUITE 7A
POMPANO BEACH, FL 33073

New Mailing Address:

2301 WEST SAMPLE ROAD
BLDG 3, SUITE 7A
POMPANO BEACH, FL 33073

FEI Number: 20-5950783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, DOUGLAS R
2301 WEST SAMPLE ROAD, SUITE 7A
POMPANO BEACH, FL 33073 US

Name and Address of New Registered Agent:

SCHMID, PAUL A
2301 WEST SAMPLE ROAD
BLDG 3, SUITE 71
POMPANO BEACH, FL 33073 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: PAUL A SCHMID

07/25/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SMITH, DOUGLAS R
Address: 2301 WEST SAMPLE ROAD, SUITE 7A
City-St-Zip: POMPANO BEACH, FL 33073

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCHMID, PAUL A
Address: 2301 WEST SAMPLE RD, BLDG 3, STE 7A
City-St-Zip: POMPANO BEACH, FL 33073

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PAUL A SCHMID

MGR

07/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date