

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000109972

FILED  
Jun 12, 2008  
Secretary of State

Entity Name: PHYSICIAN'S CHOICE DISPENSING SERVICES, LLC

## Current Principal Place of Business:

1913 NE 17TH WAY  
FORT LAUDERDALE, FL 33305

## New Principal Place of Business:

901 PROGRESSO DR.  
SUITE 207  
FORT LAUDERDALE, FL 33304

## Current Mailing Address:

1913 NE 17TH WAY  
FORT LAUDERDALE, FL 33305

## New Mailing Address:

901 PROGRESSO DR.  
SUITE 207  
FORT LAUDERDALE, FL 33304

FEI Number: 20-5950783      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

SCHMID, PAUL A  
2301 WEST SAMPLE ROAD  
BLDG 3, SUITE 71  
POMPAÑO BEACH, FL 33073 US

## Name and Address of New Registered Agent:

SCHMID, PAUL A  
901 PROGRESSO DR.  
SUITE 207  
FORT LAUDERDALE, FL 33304 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:

06/12/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SCHMID, PAUL A  
Address: 1913 NE 17TH WAY  
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: MGR ( ) Delete  
Name: SMITH, DOUGLAS R  
Address: 1010 BUCIDA RD.  
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGRM ( ) Delete  
Name: SOWINSKI, MARCUS  
Address: 3035 SW 1ST AVE #504  
City-St-Zip: MIAMI, FL 33129

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 SCHMID

MGRM

06/12/2008

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