

# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000109972

**FILED**  
**Dec 10, 2008**  
**Secretary of State**

**Entity Name:** PHYSICIAN'S CHOICE DISPENSING SERVICES, LLC

**Current Principal Place of Business:**

901 PROGRESSO DR.  
SUITE 207  
FORT LAUDERDALE, FL 33304

**New Principal Place of Business:**

901 PROGRESSO DR.  
SUITE 208  
FORT LAUDERDALE, FL 33304

**Current Mailing Address:**

901 PROGRESSO DR.  
SUITE 207  
FORT LAUDERDALE, FL 33304

**New Mailing Address:**

PO BOX 4688  
FORT LAUDERDALE, FL 33338

**FEI Number:** 20-5950783

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

SCHMID, PAUL A  
1913 NE 17TH WAY  
FORT LAUDERDALE, FL 33305 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

12/10/2008

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

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 A. SCHMID

MGRM

12/10/2008

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