2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# L06000109972

Entity Name: PHYSICIAN'S CHOICE DISPENSING SERVICES, LLC

Current Principal Place of Business:

901 PROGRESSO DR.
SUITE 208
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

PO BOX 4688
FORT LAUDERDALE, FL 33338

New Mailing Address:

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
1913 NE 17TH WAY
FORT LAUDERDALE, FL 33305 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

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

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:

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 03/20/2009

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