

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000109972

FILED
Jan 05, 2010
Secretary of State

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:

1913 NE 17TH WAY
FORT LAUDERDALE, FL 33305

Current Mailing Address:

PO BOX 4688
FORT LAUDERDALE, FL 33338

New Mailing Address:

PO BOX 4688
FORT LAUDERDALE, FL 333384688

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

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

I hereby 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

CEO

01/05/2010

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