

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000027693

FILED
Apr 27, 2012
Secretary of State

Entity Name: PHYSICIAN CHOICE PHARMACY LLC

Current Principal Place of Business:

4529 NORTH PINE ISLAND ROAD
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

4529 NORTH PINE ISLAND ROAD
SUNRISE, FL 33351 US

New Mailing Address:

FEI Number: 27-3186882

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAMA, JASON
4529 NORTH PINE ISLAND ROAD
SUNRISE, FL 33351 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: HADDAD, SAAD
Address: 4529 NORTH PINE ISLAND ROAD
City-St-Zip: SUNRISE, FL 33351 US

Title: MGRM
Name: GRAMA, JASON
Address: 4529 NORTH PINE ISLAND ROAD
City-St-Zip: SUNRISE, FL 33351

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: JASON GRAMA

MM

04/27/2012

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