

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000103651

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** PATIENT'S CHOICE PHARMACY, LLC

**Current Principal Place of Business:**

14126 SOUTH CYPRESS COVE CIRCLE  
DAVIE, FL 33325

**New Principal Place of Business:**

4801 S UNIVERSITY DR  
SUITE 111  
DAVIE, FL 33328

**Current Mailing Address:**

14126 SOUTH CYPRESS COVE CIRCLE  
DAVIE, FL 33325

**New Mailing Address:**

**FEI Number:** 80-0649795      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BROWNSTEIN, JUSTIN D  
14126 SOUTH CYPRESS COVE CIRCLE  
DAVIE, FL 33325      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:** BROWNSTEIN, JUSTIN D  
**Address:** 14126 SOUTH CYPRESS COVE CIRCLE  
**City-St-Zip:** DAVIE, FL 33325

**Title:** MGR  
**Name:** WATSON, DENNIS R  
**Address:** 4444 HALLFAX DR  
**City-St-Zip:** PORT ORANGE, FL 32127

**Title:** MGR  
**Name:** WALTER, JANKE J  
**Address:** 2511 NE 35TH STREET  
**City-St-Zip:** LIGHTHOUSE POINTE, FL 33064

**Title:** MGR  
**Name:** PIZIK, LAWRENCE  
**Address:** 3300 NW 91 WAY  
**City-St-Zip:** HOLLYWOOD, FL 33024

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: JUSTIN BROWNSTEIN      MGRM      04/28/2011

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