

MI500002428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

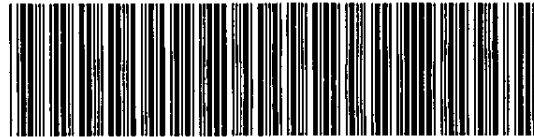
(Document Number)

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

K. SALY

NOV 16 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2016

PRESCRIBER'S CHOICE, LLC
JENNIFER MOLINA
3265 W MCNAB RD.
POMPANO BEACH, FL 33069

SUBJECT: PRESCRIBERS CHOICE, LLC
Ref. Number: M15000002428

We have received your document for PRESCRIBERS CHOICE, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 816A00023914

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prescriber's Choice, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Molina

Name of Person

Prescriber's Choice, LLC

Firm/Company

3265 W McNab Road

Address

Pompano Beach, FL 33069

City/State and Zip Code

License@vividus.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Molina

Name of Person

at (561) 404-8893

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☒ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

RECEIVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KS

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: Prescriber's Choice, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M15000002428

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 3-13-2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: PC Operations, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Corporation Service Company

New Registered Office Address: 1201 Hays Street

Enter Florida Street Address

Tallahassee, Florida 32301
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Holly Jones
Assistant Vice President

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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<u>P</u>	<u>Alex Chervinsky</u>	<u>6751 N. Federal Highway, Suite 101</u> <u>Boca Raton, FL 33487</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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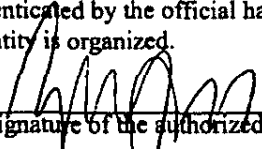
<u>P</u>	<u>Spencer Malkin</u>	<u>3265 W McNab Road</u> <u>Pompano Beach, FL 33069</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

SPENCER J. MALKIN
Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

Delaware


The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "PRESCRIBER'S CHOICE LLC", CHANGING ITS NAME FROM "PRESCRIBER'S CHOICE LLC" TO "PC OPERATIONS LLC", FILED IN THIS OFFICE ON THE TENTH DAY OF MAY, A.D. 2016, AT 4:30 O'CLOCK P.M.

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2016 NOV 14 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

5599361 8100
SR# 20166382991

Authentication: 203238581
Date: 10-27-16

You may verify this certificate online at corp.delaware.gov/authver.shtml

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: PRESCRIBER'S CHOICE LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

CHANGE OF NAME TO:

PC OPERATIONS LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 9TH day of MAY, A.D. 2016.

By: 

Authorized Person(s)

Name: SPENCER J. MALKIN

Print or Type

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