

P10000055234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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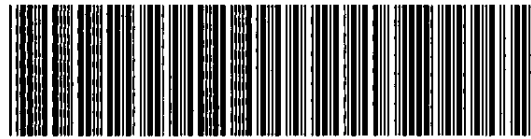
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B.A.

TB OCT 18 2010

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Physicians Pharmacy, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P10000055234

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Terence Ferraro  
Name of Contact Person

Physicians Pharmacy, Inc.  
Firm/Company

1750 E. Commercial Blvd, Ste 1  
Address

Ft. Lauderdale FL 33308  
City/State and Zip Code

terence.ferraro@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terence Ferraro at ( 954 ) 667-8467  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Physicians Pharmacy Inc
- 2. The principal office address: 1750 E Commercial Blvd, Ste 1  
Ft. Lauderdale, FL 33308
- 3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 7/1/10 Document number: P100000055234

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Terence Ferraro  
2020 NE 48th Ct  
Ft. Lauderdale, FL 33308

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Terence Ferraro  
1750 E Commercial Blvd, Ste 1  
Ft. Lauderdale, FL 33308

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

J.A. [Signature]  
Signature of an officer or director

Terence Ferraro, Owner  
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

J.A. [Signature]  
Signature of Registered Agent

10/7/10  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*