

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000081777

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Entity Name:** FIRST CHOICE PHARMACY DISCOUNT II CORP.

**Current Principal Place of Business:**

19112 NORTHWEST 23RD COURT  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

464 WEST 29TH STREET  
HIALEAH, FL 33012

**Current Mailing Address:**

19112 NORTHWEST 23RD COURT  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

**FEI Number:** 27-4530510

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, JEANNIE  
19112 NW 23 CT  
PEMBROKE PINES, FL 33029 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

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: SMITH, JEANNINE  
Address: 19112 NORTHWEST 23RD COURT  
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEANNINE SMITH

P

02/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date