

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000020236

Entity Name: DOCTORS CHOICE PHARMACY MANAGEMENT, LLC

Current Principal Place of Business:

4430 PRAIRIE AVENUE
MIAMI BEACH, FL 33140

Current Mailing Address:

4430 PRAIRIE AVENUE
MIAMI BEACH, FL 33140 US

FEI Number: 37-1664276

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEVINE, JACK CPA
16855 NE 2ND AVENUE
SUITE 303
NORTH MIAMI BEACH, FL 33162 US

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: JACK LEVINE CPA

02/19/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name VCDI ONE, LLC
Address 4430 PRAIRIE AVENUE
City-State-Zip: MIAMI BEACH FL 33140

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAY ENIS

MEMBER

02/19/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date