

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000125753

**Entity Name:** HEALTH CHOICE PHARMACY, LLC

**Current Principal Place of Business:**

5975 SUNSET DR  
104  
MIAMI, FL 33143

**Current Mailing Address:**

P.O BOX 566264  
MIAMI, FL 33256

**FEI Number: 46-3620083**

**Certificate of Status Desired:** Yes

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

BIVENS III, CLARENCE W  
5975 SUNSET DR  
104  
MIAMI, FL 33143 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           DELISMA, MARIE G  
Address        5975 SUNSET DR SUITE 104  
City-State-Zip: MIAMI FL 33143

*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: MARIE DELISMA**

**OWNER**

**02/02/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date