

2014 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: APPLIED FOR

Certificate of Status Desired: No

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 G. DELISMA

MANAGER

04/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date