

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000141307

Entity Name: VALUED CHOICE PHARMACY LLC

Current Principal Place of Business:

5537 SHELDON RD
SUITE Y
TAMPA, FL 33615

Current Mailing Address:

5537 SHELDON RD
SUITE Y
TAMPA, FL 33615 US

FEI Number: 46-3825625

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRAN, MYHANH
3517 E LONGBOAT BLVD
TAMPA, FL 33615 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 MGRM
Name TRAN, MYHANH
Address 3517 E LONGBOAT BLVD
City-State-Zip: TAMPA FL 33615

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: MYHANH TRAN

MGRM

03/23/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date