




No. <b>C 194490</b>	<b>Due no later than Apr 30, 2013</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> INCORP SERVICES, INC. 921 S ORCHARD ST STE G BOISE ID 83705 USA														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE          DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> PHYSICIAN PREFERRED PHARMACY.INC 5217 COCONUT CREEK PARKWAY MARGATE FL 33063		3. <u>New</u> Registered Agent Signature.														
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Office Held</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>LORI KAPLAN</td> <td>5217 COCONUT CREEK PKWY</td> <td>MARGATE FL</td> <td>BROWARD</td> <td></td> <td>33063</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	PRESIDENT	LORI KAPLAN	5217 COCONUT CREEK PKWY	MARGATE FL	BROWARD		33063
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PRESIDENT	LORI KAPLAN	5217 COCONUT CREEK PKWY	MARGATE FL	BROWARD		33063											
5. Organized Under the Laws of:  <div style="text-align: center;"> <b>FLORIDA</b>  <b>C 194490</b> </div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:  </td> <td style="width: 40%;">           Date: <u>3/19/13</u> </td> </tr> <tr> <td>           Name (type or print):  <u>LORI KAPLAN</u> </td> <td>           Title:  <u>PRESIDENT</u> </td> </tr> </table>		Signature: 	Date: <u>3/19/13</u>	Name (type or print): <u>LORI KAPLAN</u>	Title: <u>PRESIDENT</u>										
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT