

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L13000076073

**Entity Name:** ONE INFUSION PHARMACY, LLC

**Current Principal Place of Business:**

1201 HAYS STREET  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

500 WEST MAIN STREET  
LOUISVILLE, KY 40202 US

**FEI Number:** 46-2882412

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** SALVINA AMENTA-GRAY

07/13/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           ONE HOMECARE SOLUTIONS LLC  
Address        1201 HAYS STREET  
City-State-Zip: TALLAHASSEE FL 32301

Title           CFO  
Name           DIAMOND , SUSAN M  
Address        500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title           PRESIDENT  
Name           ALLEN , LLOYD KIRK  
Address        500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title           VP, ASSOCIATE GENERAL COUNSEL  
Name           RUSCHELL , JOSEPH M.  
Address        500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

*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:** RUSCHELL , JOSEPH M.

VP, ASSOCIATE  
GENERAL COUNSEL

07/13/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date