

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000226929

Entity Name: POLARIS PHARMACY BENEFITS, LLC

Current Principal Place of Business:

2900 NW 60TH STREET
FT. LAUDERDALE, FL 33309

Current Mailing Address:

2900 NW 60TH STREET
FT. LAUDERDALE, FL 33309

FEI Number: 86-2606972

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GALBUT, ABRAHAM A
4770 BISCAYNE BLVD., #1400
MIAMI, FL 33137 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 MGR
Name ROMBRO, DAVID
Address 2900 NW 60TH STREET
City-State-Zip: FT. LAUDERDALE FL 33309

Title MGR
Name HYMAN, SIMCHA
Address 2900 NW 60TH STREET
City-State-Zip: FT. LAUDERDALE FL 33309

Title P
Name GALBUT, ABRAHAM A
Address 2900 NW 60TH STREET
City-State-Zip: FT. LAUDERDALE FL 33309

Title VP
Name ZANZIPER, NAFTALI
Address 2900 NW 60TH STREET
City-State-Zip: FT. LAUDERDALE FL 33309

Title VP
Name GALBUT, ERIC
Address 4770 BISCAYNE BLVD., #1400
City-State-Zip: MIAMI FL 33137

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: DAVID ROMBRO

MANAGER

05/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date