2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2016
Secretary of State
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Entity Name: MAGELLAN RX PHARMACY, LLC

Current Principal Place of Business:

6870 SHADOWRIDGE DRIVE, STE 111
ORLANDO, FL 32812

Current Mailing Address:

6950 COLUMBIA GATEWAY DRIVE
COLUMBIA, MD 21046

FEI Number: 02-0676924

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	SMITH, BARRY M
Address	4800 N. SCOTTSDALE RD. STE. 4400
City-State-Zip:	SCOTTSDALE AZ 85251

Title	MANAGER
Name	GREGOIRE, DANIEL
Address	55 NOD ROAD
City-State-Zip:	AVON CT 06001

Title	MANAGER
Name	RUBIN, JONATHAN
Address	55 NOD ROAD
City-State-Zip:	AVON CT 06001

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: DANIEL N. GREGOIRE MANAGER 04/08/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date