

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000000890

**Entity Name:** FRESENIUS KABI USA, LLC

**Current Principal Place of Business:**

THREE CORPORATE DRIVE  
LAKE ZURICH, IL 60047

**Current Mailing Address:**

THREE CORPORATE DRIVE  
LAKE ZURICH, IL 60047 US

**FEI Number: 30-0431740**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 MEMBER  
Name FRESENIUS KABI USA, INC.  
Address THREE CORPORATE DRIVE  
City-State-Zip: LAKE ZURICH IL 60047

Title MEMBER  
Name FRESENIUS KABI  
PHARMACEUTICALS HOLDINGS, LLC  
Address THREE CORPORATE DRIVE  
City-State-Zip: LAKE ZURICH IL 60047

Title MANAGER  
Name STEEN, GERRIT  
Address THREE CORPORATE DRIVE  
City-State-Zip: LAKE ZURICH IL 60047

Title MANAGER  
Name DUCKER, JOHN ROBERT  
Address THREE CORPORATE DRIVE  
City-State-Zip: LAKE ZURICH IL 60047

Title VP  
Name CAPPUZZELLO, CATHERINE  
Address THREE CORPORATE DRIVE  
City-State-Zip: LAKE ZURICH IL 60047

*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: CATHERINE CAPPUZZELLO**

**AUTHORIZED PERSON**

**03/07/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date