

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000001823

**Entity Name:** COVANCE SPECIALTY PHARMACY LLC

**Current Principal Place of Business:**

500 EAGLES LANDING DRIVE, SUITE A  
LAKELAND, FL 33810

**Current Mailing Address:**

500 EAGLES LANDING DRIVE, SUITE A  
LAKELAND, FL 33810

**FEI Number: 26-4291200**

**Certificate of Status Desired: Yes**

**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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name HALL, GREGORY D  
Address 9801 WASHINGTONIAN BLVD. 9TH  
FLOOR  
City-State-Zip: GAITHERSBURG MD 20878

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: GREGORY D. HALL**

**VICE PRESIDENT**

**03/28/2013**

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

\_\_\_\_\_ Date