

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000001823

**Entity Name:** COVANCE SPECIALTY PHARMACY LLC

**Current Principal Place of Business:**

9801 WASHINGTONIAN BOULEVARD  
9TH FLOOR  
GAITHERSBURG, MD 20878

**Current Mailing Address:**

9801 WASHINGTONIAN BOULEVARD  
9TH FLOOR  
GAITHERSBURG, MD 20878 US

**FEI Number:** 26-4291200

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
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	SOLE MEMBER	Title	AUTHORIZED PERSON
Name	COVANCE MARKET ACCESS SERVICES INC.	Name	RASCHTSCHENIA, HEATHER D
Address	9801 WASHINGTONIAN BOULEVARD 9TH FLOOR	Address	9801 WASHINGTONIAN BOULEVARD 9TH FLOOR
City-State-Zip:	GAITHERSBURG MD 20878	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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HEATHER D. RASCHTSCHENIA

**AUTHORIZED PERSON**

**03/10/2020**

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

\_\_\_\_\_  
Date