

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1400000273

Entity Name: STONERIVER PHARMACY SOLUTIONS, LLC

Current Principal Place of Business:

6410 POPLAR AVE
SUITE 800
MEMPHIS, TN 38119

Current Mailing Address:

6410 POPLAR STREET
SUITE 800
MEMPHIS, TN 38119 US

FEI Number: 62-1770924

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 MGR
Name MANNIX, HENRY III
Address 320 PARK AVE, 24TH FLOOR
City-State-Zip: NEW YORK NY 10036

Title MGR
Name ZERBIB, NICOLAS D
Address 20 HORSENECK LANE
City-State-Zip: GREENWICH CT 06830

Title CORPORATE SECRETARY
Name JOHN, BENCIVENGA W.
Address 175 KELSEY LANE
City-State-Zip: TAMPA FL 33619

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: JOHN W. BENCIVENGA

SECRETARY

03/11/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date