

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1400002771

**Entity Name:** MERIDIANRX, LLC

**Current Principal Place of Business:**

1001 WOODWARD AVE  
STE 700  
DETROIT, MI 48226

**Current Mailing Address:**

1001 WOODWARD AVE  
STE 700  
DETROIT, MI 48226 US

**FEI Number:** 27-1339224

**Certificate of Status Desired:** No

**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 COTTON, SEAN P  
Address 777 WOODWARD AVE - STE 600  
City-State-Zip: DETROIT MI 48226

Title MGR  
Name COTTON, JON B  
Address 777 WOODWARD AVE - STE 600  
City-State-Zip: DETROIT MI 48226

Title MGR  
Name COTTON, DAVID B  
Address 777 WOODWARD AVE - STE 600  
City-State-Zip: DETROIT MI 48226

Title MGR  
Name COTTON, MICHAEL D  
Address 1001 WOODWARD AVE  
City-State-Zip: DETROIT MI 48226

Title AUTHORIZED REPRESENTATIVE  
Name BAKER, CHARLES ESQ.  
Address 1001 WOODWARD AVE  
STE 700  
City-State-Zip: DETROIT MI 48226

*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:** CHARLES BAKER

**AUTHORIZED  
REPRESENTATIVE**

**04/27/2015**

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

\_\_\_\_\_  
Date