

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1400002771

FILED
Mar 04, 2020
Secretary of State
9931241191CC

Entity Name: MERIDIANRX, LLC

Current Principal Place of Business:

1 CAMPUS MARTIUS
SUITE 700
DETROIT, MI 48226

Current Mailing Address:

8735 HENDERSON ROAD
TAMPA, FL 33634 US

FEI Number: 27-1339224

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
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 | DIRECTOR | Title | DIRECTOR, VP AND SECRETARY |
| Name | ASHER, ANDREW L | Name | HABER, MICHAEL W |
| Address | 8735 HENDERSON ROAD | Address | 8735 HENDERSON ROAD |
| City-State-Zip: | TAMPA FL 33634 | City-State-Zip: | TAMPA FL 33634 |
| | | | |
| Title | DIRECTOR | Title | DIRECTOR, VP, CAO AND ASSISTANT TREASURER |
| Name | HUNGIVILLE, LAURA M. | Name | MEYER, MICHAEL TROY |
| Address | 8735 HENDERSON ROAD | Address | 8735 HENDERSON ROAD |
| City-State-Zip: | TAMPA FL 33634 | City-State-Zip: | TAMPA FL 33634 |
| | | | |
| Title | VP, TREASURER | Title | VP, CFO |
| Name | JANKOVIC, GORAN | Name | FISHER, RICHARD C. |
| Address | 8735 HENDERSON ROAD | Address | 8735 HENDERSON ROAD |
| City-State-Zip: | TAMPA FL 33634 | City-State-Zip: | TAMPA FL 33634 |
| | | | |
| Title | VP, ASSISTANT SECRETARY | Title | ASSISTANT SECRETARY |
| Name | MEYER, TAMMY L | Name | BAKER, CHARLES EDWARD |
| Address | 8735 HENDERSON ROAD | Address | 1 CAMPUS MARTIUS STE 700 |
| City-State-Zip: | TAMPA FL 33634 | City-State-Zip: | DETROIT MI 48226 |

Continues on page 2

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: MICHAEL W. HABER

VP, SECRETARY

03/04/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title PRESIDENT
Name LANCASTER, SEAN P
Address 1 CAMPUS MARTIUS STE 700
City-State-Zip: DETROIT MI 48226

Title ASSISTANT TREASURER
Name NEILL, LANCE
Address 1 CAMPUS MARTIUS STE 700
City-State-Zip: DETROIT MI 48226