

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1800000278

**Entity Name:** FRESENIUS KABI, LLC

**Current Principal Place of Business:**

THREE CORPORATE DRIVE  
LAKE ZURICH, IL 60047

**Current Mailing Address:**

THREE CORPORATE DRIVE  
LAKE ZURICH, IL 60047 US

**FEI Number:** 36-4879921

**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           MANAGER  
Name           DUCKER, JOHN ROBERT  
Address       THREE CORPORATE DRIVE  
City-State-Zip: LAKE ZURICH IL 60047

Title           AUTHORIZED MEMBER  
Name           FRESENIUS KABI  
                  PHARMACEUTICALS HOLDINGS, LLC  
Address       THREE CORPORATE DRIVE  
City-State-Zip: LAKE ZURICH IL 60047

Title           MANAGER  
Name           DUENKEL, ANDREAS  
Address       THREE CORPORATE DRIVE  
City-State-Zip: LAKE ZURICH IL 60047

Title           AUTHORIZED REPRESENTATIVE  
Name           GARINI, ALEX  
Address       THREE CORPORATE DRIVE  
City-State-Zip: LAKE ZURICH IL 60047

*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:** ALEX GARINI

**AUTHORIZED  
REPRESENTATIVE**

**04/18/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date