

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000006223

**Entity Name:** ARX PATIENT SOLUTIONS, LLC

**Current Principal Place of Business:**

4700 MILLENIA BLVD SUITE 500  
ORLANDO, FL 32839

**Current Mailing Address:**

4700 MILLENIA BLVD SUITE 500  
ORLANDO, FL 32839 US

**FEI Number:** 82-5028175

**Certificate of Status Desired:** No

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

SPAFFORD, JEFFREY P  
4700 MILLENIA BLVD SUITE 500  
ORLANDO, FL 32839 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            MGMR  
Name            ASSISTRX HOLDINGS, INC.  
Address        4700 MILLENIA BLVD SUITE 500  
City-State-Zip: ORLANDO FL 32839

*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:** ASSISTRX HOLDINGS, INC

**REGISTERED AGENT**

**04/03/2019**

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

\_\_\_\_\_ Date