

M10000003216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

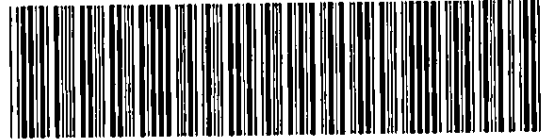
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



500438084225

FILED

2024 NOV -6 AM 10:02

STATE
TALLAHASSEE, FLORIDA

RECEIVED

2024 NOV -6 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 11/06/2024

Acc#I20160000072

en: c DW

Name:	Kroger Specialty Infusion AL, LLC
Document #:	
Order #:	15945487

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 55.00

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kroger Specialty Infusion AL, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

kimberly.lindley@elevancehealth.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at (_____) _____
Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Kroger Specialty Infusion AL, LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

2511 Ross Clark Circle, Dothan, AL 36301

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

220 Virginia Ave, Indianapolis, IN 46204

2. The Florida document number of this limited liability company is: M10000003216

3. Jurisdiction of its organization: AL

4. Date authorized to do business in Florida: 02/24/2017

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: BioPlus Specialty Infusion AL, LLC
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: C T Corporation System

New Registered Office Address: 1200 South Pine Island Road

Enter Florida Street Address

Plantation

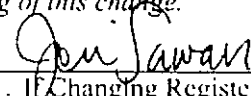
City

Florida

33324
Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



Jon Sawa
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Danielle Swenson	450 Headquarters Plaza, East Tower	<input checked="" type="checkbox"/> Add
		7th Floor, Morristown, NJ 07960	<input type="checkbox"/> Remove
Manager	Vincent E. Scher	220 Virginia Ave.	<input checked="" type="checkbox"/> Add
		Indianapolis, IN 46204	<input type="checkbox"/> Remove
Manager	Amy K. Mulderry	One Penn Plaza	<input checked="" type="checkbox"/> Add
		New York, NY 10019	<input checked="" type="checkbox"/> Remove
Assistant Treasurer	JOSEPH W. BRADLEY	1014 VINE STREET	<input type="checkbox"/> Add
		CINCINNATI, OH 45202	<input checked="" type="checkbox"/> Remove
Member	Kroger Specialty Infusion Holding, Inc.	3200 LAKE EMMA RD SUITE 1000	<input type="checkbox"/> Add
		LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Jori Sawan

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2024 NOV -6 AM 10:02
TALLAHASSEE, FLORIDA

Wes Allen
Secretary of State

P. O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, Wes Allen, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

as appears on file and of record in this office, the pages hereto attached, contain a true, accurate, and literal copy of the Restated Articles filed on behalf of BioPlus Specialty Infusion AL, LLC, as received and filed in the Office of the Secretary of State on 10/04/2024.



2024110600002056

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

11/06/2024

Date

A handwritten signature in black ink, appearing to read 'Wes Allen', is written over a horizontal line.

Wes Allen

Secretary of State

STATE OF ALABAMA
DOMESTIC LIMITED LIABILITY COMPANY (LLC)
AMENDED AND RESTATED CERTIFICATE OF FORMATION

PURPOSE: In order to amend and restate the Certificate of Formation of a Limited Liability Company (LLC) under Section 10A-5A-2.02 of the Code of Alabama 1975, this Amended and Restated Certificate Of Formation and the appropriate filing fees must be filed with the Secretary of State's office. The information required in this form is required by Title 10A.

INSTRUCTIONS: Mail 2 copies of this completed form along with a self-addressed, stamped envelope to:

*Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama 36103.

*Include a check, money order, or credit card payment for the \$100.00 processing fee.

*The request is only accepted via mail or courier and will not be accepted via email.

*Your filing will not be indexed if the credit/debit card does not authorize and will be removed from the index if the check is dishonored (\$30 fee).

This form must be typed and will not be accepted via email.

1. The name of the limited liability company (must contain the words "Limited Liability Company" or the abbreviation "L.L.C." or "LLC," and comply with Code of Alabama, Title 10A-1-5.06. You may use Professional or Series before Limited Liability Company or LLC if they apply:

Kroger Specialty Infusion AL, LLC

2. Alabama Entity ID Number (Format: 000-000-000): 000 - 685 - 146 TO OBTAIN ID NUMBER, go to our website at www.sos.alabama.gov click on Business Services (below picture), click on Business Entity and Name Search, click on Entity Name, enter the name of the entity in the appropriate box, and enter. Click on the number and verify that this is the correct entity. This step is strongly recommended.

3. Date of filing Certificate of Formation: 10 / 02 / 2002

4. The name of the Registered Agent (only one agent): C T Corporation System

Street (No PO Boxes) address of Registered Office (must be located in Alabama):

2 North Jackson Street Suite 605, Montgomery County, Alabama 36104

Mailing address in Alabama of Registered Office (if different from street address):

(For SOS Office Use Only)

Alabama
Sec. Of State

Entity Change
000-685-146 DLL
Date 10/04/2024
Time 14:07
241004 4 Pg

File \$100.00
County \$1.00
Total \$100.00
11/001

This form was prepared by: (type name and full address)

Eliot Murphy
White & Case LLP
1221 Avenue of the Americas
New York, NY 10020

RECEIVED DATE
OCT 04 2024
SECRETARY OF STATE
OF ALABAMA

**DOMESTIC LIMITED LIABILITY COMPANY (LLC)
AMENDED AND RESTATED CERTIFICATE OF FORMATION**

5. The following amendment/change effected in connection with this Restated of Certificate of Formation:

See attached.

If Amended & Restated Certificate of Formation includes a name change, a copy of the Name Reservation Certificate issued by the Office of the Secretary of State must be attached.

6. The undersigned authorized signature certifies that the Amended & Restated Certificate of Formation has been approved in the manner required by Title 10A, Code of Alabama 1975 and the governing documents of this entity.

10 / 04 / 2024

Date (MM/DD/YYYY)

Signed by:

Kathleen Kiefer

17763FD7AC0643A

(Signature as required by 10A-5A-2.04)

Kathleen S. Kiefer

Typed name of above signature

Organizer

Typed title (organizer or attorney-in-fact)

Additional organizers/attorney-in-facts may sign (add additional sheets if necessary).

Wes Allen
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, Wes Allen, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama
1975, and upon an examination of the entity records on file in this office, the
following entity name is reserved as available:

BioPlus Specialty Infusion AL, LLC

This name reservation is for the exclusive use of Corporation Service Company,
251 Little Falls Drive, Wilmington, DE 19808 for a period of one year beginning
August 01, 2024 and expiring August 01, 2025



RES169972

**In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.**

August 01, 2024

Date

A handwritten signature in black ink, appearing to read "Wes Allen", is written over a horizontal line.

Wes Allen

Secretary of State

**AMENDED AND RESTATED
CERTIFICATE OF FORMATION
OF
KROGER SPECIALTY INFUSION AL, LLC**

This Amended and Restated Certificate of Formation of Kroger Specialty Infusion AL, LLC (the "Company"), originally formed on October 8, 2002 under Infusion Services, LLC, as amended pursuant to that certain Amendment to Organization filed on April 15, 2015, as further amended pursuant to that certain Amendment to Organization filed on October 21, 2016 which changed its name to Kroger Specialty Infusion AL, LLC, is being duly executed and filed by the undersigned in accordance with Section 10A-5A-2.02 of the Alabama Limited Liability Company Law. The Company's Alabama Entity ID Number is 000-685-146. The Certificate of Formation of the Company is hereby amended and restated in its entirety as follows:

FIRST: The name of the limited liability company is BioPlus Specialty Infusion AL, LLC (the "Company").

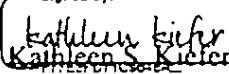
SECOND: The address of the Company's registered office in the State of Alabama is 2 North Jackson Street, Suite 605, Montgomery County, Montgomery, Alabama 36104. The name of its registered agent at such address upon whom process against the Company may be served is CT Corporation System.

THIRD: The term of existence of the Company is perpetual until dissolved in accordance with the Act or the Company's Operating Agreement as in effect from time to time hereafter.

FOURTH: The Company's member(s) are: BioPlus Specialty Infusion Holdings, Inc., whose address is 220 Virginia Ave, Indianapolis, IN 46204.

FIFTH: The Company shall be managed by one or more managers.

IN WITNESS WHEREOF, the undersigned has executed this Second Amended and Restated Certificate of Formation of the Company this 4th day of October 2024.

Signed by:

Kathleen S. Kiefer
Authorized Person

Alabama
Sec. Of State

Entity Change
000-685-146 DLL
Date 10/04/2024
Time 14:07
241004 4 Pg

File \$100.00
County \$1.00
Total \$100.00
11/001