

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000011018

Entity Name: PHARMACY BENEFIT SOLUTIONS, LLC

Current Principal Place of Business:

8902 N DALE MABRY HWY
SUITE 114
TAMPA, FL 33614

Current Mailing Address:

8902 N DALE MABRY HWY
SUITE 114
TAMPA, FL 33614 US

FEI Number: 27-1786842

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MUNDRA, VINANTA
8902 N DALE MABRY HWY
SUITE 114
TAMPA, FL 33614 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 VINANTA, MUNDRA
Address 8902 N DALE MABRY HWY
SUITE 114
City-State-Zip: TAMPA FL 33614

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: VINANTA MUNDRA

MGR

03/10/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date