2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2015
Secretary of State
CC6371330105

DOCUMENT# L12000141322

Entity Name: HEMOPHILIA OF FLORIDA PHARMACY, LLC

Current Principal Place of Business:

8800 ROSWELL ROAD
SUITE 170
ATLANTA, GA 30350

Current Mailing Address:

8800 ROSWELL ROAD
SUITE 170
ATLANTA, GA 30350

FEI Number: 58-1175625

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANDREW, LAURA
BANK OF AMERICA TOWER
50 N LAURA STREET, SUITE 2600
JACKSONVILLE, FL 32202 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	MANAHAN, MARIA
Address	8800 ROSWELL ROAD, SUITE 170
City-State-Zip:	ATLANTA GA 30350

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: MARIA MANAHAN MANAGER 01/28/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date