2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2019
Secretary of State
8642982652CC

DOCUMENT# L12000141322

Entity Name: HEMOPHILIA OF FLORIDA PHARMACY, LLC

Current Principal Place of Business:

1350 ORANGE AVE
STE. 236
WINTER PARK, FL 32789

Current Mailing Address:

8800 ROSWELL ROAD
SUITE 170
ATLANTA, GA 30350 US

FEI Number: 46-1416379

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	AUTHORIZED REPRESENTATIVE	Title	MANAGER
Name	HOOVER, THOMAS JOSEPH	Name	ROSATO, EDITH
Address	8800 ROSWELL ROAD SUITE 170	Address	8800 ROSWELL ROAD SUITE 170
City-State-Zip:	ATLANTA GA 30350	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: THOMAS HOOVER — AUTHORIZED REPRESENTATIVE — 02/19/2019

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