2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2025
Secretary of State
6368724352CC

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Entity Name: ALLIANCE MEDICATION SERVICES, LLC

Current Principal Place of Business:

5 GRANT STREET
TAMAQUA, PA 18252

Current Mailing Address:

PO BOX 222
BARNESVILLE, PA 18214 US

FEI Number: 80-0194669

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREEET
TALLLAHASSEE, FL 32301 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	MANAGING MEMBER
Name	HINCHMAN, ANDRE
Address	5 GRANT STREET
City-State-Zip:	TAMAQUA PA 18252

Title	MANAGING MEMBER
Name	FOWLER, COLLEEN M
Address	5 GRANT STREET
City-State-Zip:	TAMAQUA PA 18252

Title	MANAGING MEMBER
Name	MICKATAVAGE, SUSANNE M
Address	5 GRANT STREET
City-State-Zip:	TAMAQUA PA 18252

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: SUSANNE M. MICKATAVAGE MANAGING MEMBER 02/01/2025

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