2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2020
Secretary of State
0548186852CC

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Entity Name: AON PHARMACY, LLC

Current Principal Place of Business:

12631 WESTLINKS DRIVE
SUITE 1
FORT MYERS, FL 33913

Current Mailing Address:

12631 WESTLINKS DRIVE
SUITE 1
FORT MYERS, FL 33913 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	GORDAN, LUCIO MD
Address	12631 WESTLINKS DRIVE
City-State-Zip:	FORT MYERS FL 33913

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: LUCIO GORDAN, M.D. MANAGER 01/18/2020

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