

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000120540

Entity Name: DOGWOOD PHARMACY, LLC

Current Principal Place of Business:

220 VIRGINIA AVE
INDIANAPOLIS, IN 46204

Current Mailing Address:

220 VIRGINIA AVE
INDIANAPOLIS, IN 46204 US

FEI Number: 45-3666871

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

URS AGENTS, LLC
3458 LAKESHORE DRIVE
TALLAHASSEE, FL 32312 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 MANAGER
Name SWENSON, , DANIELLE ANNE
Address 220 VIRGINIA AVE
City-State-Zip: INDIANAPOLIS IN 46204

Title MANAGER
Name SCHER , VINCENT EDWARD
Address 220 VIRGINIA AVE
City-State-Zip: INDIANAPOLIS IN 46204

Title MANAGER
Name MARCHETTI,, PAUL EDWARD
Address 220 VIRGINIA AVE
City-State-Zip: INDIANAPOLIS IN 46204

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: SCHER, VINCENT EDWARD

MANAGER

05/04/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date