

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L20000120540

Entity Name: DOGWOOD PHARMACY, LLC

Current Principal Place of Business:

1325 MILLER ROAD
SUITE K
GREENVILLE, SC 29607

FILED
Nov 21, 2023
Secretary of State
8213384502CC

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:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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 MANAGER
Name SWENSON, , DANIELLE A.
Address 450 HEADQUARTERS PLAZA
 EAST TOWER 7TH FLOOR
City-State-Zip: MORRISTOWN NJ 07960

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

Title MANAGER
Name MARCHETTI,, PAUL E.
Address 108 LEIGUS RD.
City-State-Zip: WALLINGFORD CT 06492

Title PRESIDENT
Name MONTGOMERY, MARK
Address 1141 WHITESELL DR
City-State-Zip: WINTER PARK FL 32789

Title SECRETARY
Name KIEFER, KATHLEEN S.
Address 220 VIRGINIA AVE
City-State-Zip: INDIANAPOLIS IN 46204

Title ASSISTANT TREASURER
Name NOBLE, ERIK (RICK) K.
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: KATHLEEN S. KIEFER

SECRETARY

11/21/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date