

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000120596

Entity Name: BIOPLUS SPECIALTY PHARMACY SERVICES, LLC

Current Principal Place of Business:

376 NORTHLAKE BOULEVARD
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

376 NORTHLAKE BOULEVARD
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 59-2920860

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 SCHER, VINCENT EDWARD
Address 376 NORTHLAKE BOULEVARD
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title MANAGER
Name KIEFER, KATHLEEN SUSAN
Address 376 NORTHLAKE BOULEVARD
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title MANAGER
Name MARCHETTI, PAUL EDWARD
Address 376 NORTHLAKE BOULEVARD
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title MANAGER
Name SWENSON, DANIELLE ANNE
Address 376 NORTHLAKE BOULEVARD
City-State-Zip: ALTAMONTE SPRINGS FL 32701

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 SUSAN KIEFER

MANAGER

03/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date