

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L20000120596

**Entity Name:** BIOPLUS SPECIALTY PHARMACY SERVICES, LLC

**Current Principal Place of Business:**

376 NORTHLAKE BLVD.  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

220 VIRGINIA AVE  
INDIANAPOLIS, IN 46204 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	Title	MANAGER, TREASURER
Name	MARCHETTI, PAUL E.	Name	SCHER, VINCENT E.
Address	108 LEIGUS RD.	Address	220 VIRGINIA AVE
City-State-Zip:	WALLINGFORD CT 06492	City-State-Zip:	INDIANAPOLIS IN 46204
Title	MANAGER	Title	SECRETARY
Name	SWENSON, DANIELLE A.	Name	KIEFER, KATHLEEN S.
Address	450 HEADQUARTERS PLAZA EAST TOWER 7TH FLOOR	Address	220 VIRGINIA AVE
City-State-Zip:	MORRISTOWN NJ 07960	City-State-Zip:	INDIANAPOLIS IN 46204
Title	PRESIDENT	Title	ASSISTANT TREASURER
Name	MONTGOMERY, MARK	Name	NOBLE, ERIK (RICK) K.
Address	1141 WHITESELL DR	Address	220 VIRGINIA AVE
City-State-Zip:	WINTER PARK FL 32789	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