

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000000051

Entity Name: PRIME THERAPEUTICS SPECIALTY PHARMACY LLC

Current Principal Place of Business:

1305 CORPORATE CENTER DRIVE
EAGAN, MN 55121

Current Mailing Address:

1305 CORPORATE CENTER DRIVE
EAGAN, MN 55121

FEI Number: 90-0777186

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 WARD , TROY
Address 1305 CORPORATE CENTER DRIVE
City-State-Zip: EAGAN MN 55121

Title MANAGER
Name BAILEY, LEAH
Address 1305 CORPORATE CENTER DRIVE
City-State-Zip: EAGAN MN 55121

Title MEMBER
Name RODRIGUEZ, AARON
Address 1305 CORPORATE CENTER DRIVE
City-State-Zip: EAGAN MN 55121

Title AUTHORIZED SIGNER
Name ELLIOTT , ERIC
Address 1305 CORPORATE CENTER DRIVE
City-State-Zip: EAGAN MN 55121

Title MEMBER
Name HOSCH, ELLYN
Address 1305 CORPORATE CENTER DRIVE
City-State-Zip: EAGAN MN 55121

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: ERIC ELLIOTT

AUHTORIZED SIGNER

04/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date