

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000006519

Entity Name: COMPREHENSIVE PHARMACY SERVICES, LLC

Current Principal Place of Business:

655 METRO PLACE SOUTH
SUITE 450
DUBLIN, OH 43017

Current Mailing Address:

655 METRO PLACE SOUTH
SUITE 450
DUBLIN, OH 43017 US

FEI Number: 95-3810548

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 SEGRAVE, FRANK
Address 655 METRO PLACE SOUTH
SUITE 450
City-State-Zip: DUBLIN OH 43017

Title AUTHORIZED REPRESENTATIVE
Name EBERT MURPHY, LEANNE
Address 655 METRO PLACE SOUTH
SUITE 450
City-State-Zip: DUBLIN OH 43017

Title MANAGER
Name FOREMAN, JEFFREY D.
Address 655 METRO PLACE SOUTH
SUITE 450
City-State-Zip: DUBLIN OH 43017

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: LEANNE EBERT MURPHY

**AUTHORIZED
REPRESENTATIVE**

04/20/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date