

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000006519

Entity Name: COMPREHENSIVE PHARMACY SERVICES, LLC

Current Principal Place of Business:

6409 QUAIL HOLLOW RD
MEMPHIS, TN 38120

Current Mailing Address:

6409 QUAIL HOLLOW RD
MEMPHIS, TN 38120 US

FEI Number: 95-3810548

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 PRESIDENT
Name NICKELSON, DON
Address 6409 QUAIL HOLLOW RD
City-State-Zip: MEMPHIS TN 38120

Title VP
Name UPSHAW, WALKER
Address 6409 QUAIL HOLLOW RD
City-State-Zip: MEMPHIS TN 38120

Title SECRETARY
Name ETHERIDGE, BARBARA
Address 6409 QUAIL HOLLOW RD
City-State-Zip: MEMPHIS TN 38120

Title VP
Name HUGHES, GENTRY
Address 6409 QUAIL HOLLOW RD
City-State-Zip: MEMPHIS TN 38120

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: BARBARA ETHERIDGE

SECRETARY

04/13/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date