

**2019 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            SEGRAVE, FRANK  
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            UPSHAW, WALKER  
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

Title            TREASURER  
Name            JOHNSON, BRIAN  
Address        6409 QUAIL HOLLOW RD  
City-State-Zip: MEMPHIS TN 38120

Title            GROUP PRESIDENT  
Name            FOREMAN, JEFF  
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****04/29/2019**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date