

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1500000218

**Entity Name:** FOUNDATION CARE PHARMACY LLC

**Current Principal Place of Business:**

4010 WEDGEWAY COURT  
EARTH CITY, MO 63045

**Current Mailing Address:**

7700 FORSYTH BLVD.  
ST. LOUIS, MO 63105 US

**FEI Number:** 20-0873587

**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 VP, TAX  
Name DINKELMAN, TRICIA  
Address 7700 FORSYTH BLVD.  
City-State-Zip: ST. LOUIS MO 63105

Title SECRETARY, MANAGER  
Name KOSTER, CHRISTOPHER A.  
Address 7700 FORSYTH BLVD.  
City-State-Zip: ST. LOUIS MO 63105

Title CEO, MANAGER  
Name ASHER, ANDREW  
Address 8735 HENDERSON RD., REN1, 3RD FL  
City-State-Zip: TAMPA FL 33634

Title PRESIDENT  
Name JENSEN, STEPHEN  
Address 8427 SOUTH PARK CIRCLE  
City-State-Zip: ORLANDO FL 32819

*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:** TRICIA DINKELMAN

VICE PRESIDENT, TAX

04/27/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date