

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1500000218

**Entity Name:** FOUNDATION CARE PHARMACY LLC

**Current Principal Place of Business:**

111 CHESTERFIELD INDUSTRIAL BLVD.  
CHESTERFIELD, MO 63005

**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            MANAGER  
Name            ACARIAHEALTH, INC.  
Address        8517 SOUTHPARK 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**

**04/30/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date