

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000001000

Entity Name: PARTNERS PHARMACY SERVICES, LLC

Current Principal Place of Business:

173 BRIDGE PLAZA NORTH
FORT LEE, NJ 07024

Current Mailing Address:

173 BRIDGE PLAZA NORTH
FORT LEE, NJ 07024 US

FEI Number: NOT APPLICABLE

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 MEMBER
Name CARE SOLUTIONS, LLC
Address 173 BRIDGE PLAZA NORTH
City-State-Zip: FORT LEE NJ 07024

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: JOSEPH STRAUS

AUTHORIZED PERSON

04/14/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date