

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000001033

Entity Name: EPHARMASOLUTIONS, LLC

Current Principal Place of Business:

1 IMS DRIVE
SUITE 200
PLYMOUTH MEETING, PA 19462

Current Mailing Address:

1 IMS DRIVE
SUITE 200
PLYMOUTH MEETING, PA 19462 US

FEI Number: 23-3092770

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 MANAGER
Name MCLEAN, STEPHEN
Address 1 IMS DRIVE
 SUITE 200
City-State-Zip: PLYMOUTH MEETING PA 19462

Title MANAGER
Name DEIESO, DON
Address 1 IMS DRIVE
 SUITE 200
City-State-Zip: PLYMOUTH MEETING PA 19462

Title MANAGER
Name CONVERSE, LANCE
Address 1 IMS DRIVE
 SUITE 200
City-State-Zip: PLYMOUTH MEETING PA 19462

Title TREASURER
Name MARREN, TOM
Address 1 IMS DRIVE
 SUITE 200
City-State-Zip: PLYMOUTH MEETING PA 19462

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: TOM MARREN

**AUTHORIZED
REPRESENTATIVE**

01/25/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date