

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000002939

**Entity Name:** PERIGON PHARMACY 360, LLC

**Current Principal Place of Business:**

1120 STEVENSON MILL RD., SUITE 200,  
CORAOPOLIS, PA 15108

**Current Mailing Address:**

1120 STEVENSON MILL RD., SUITE 200,  
CORAOPOLIS, PA 15108 US

**FEI Number: 81-2874029**

**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           MANAGER  
Name           ANTYPAS, CHRISTOPHER R.  
Address        1120 STEVENSON MILL RD., SUITE  
                  200,  
City-State-Zip: CORAOPOLIS PA 15108

*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: CHRISTOPHER R. ANTYPAS**

**MANAGER**

**02/27/2023**

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

\_\_\_\_\_ Date