

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000000117

Entity Name: VANDERBILT HEALTH PHARMACY GROUP, LLC**Current Principal Place of Business:**1161 21ST AVE S MEDICAL CENTER N
SUITE D-3300
NASHVILLE, TN 37232**Current Mailing Address:**3322 WEST END AVE.
SUITE 1100
NASHVILLE, TN 37203 US**FEI Number:** 82-1462688**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL REGISTERED AGENTS, INC.
1200 S PINE ISLAND RD
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 DIRECTOR
Name HAYMAN, JIM
Address 1161 21ST AVE S MEDICAL CENTER N
SUITE D-3300
City-State-Zip: NASHVILLE TN 37232

Title D
Name WRIGHT, PATTY W
Address 1161 21ST AVE S MEDICAL CENTER N
SUITE D-3300
City-State-Zip: NASHVILLE TN 37232

Title D
Name NANNEY, KAREN F
Address 1161 21ST AVE S MEDICAL CENTER N
SUITE D-3300
City-State-Zip: NASHVILLE TN 37232

Title D
Name RICE, TODD W
Address 1161 21ST AVE S MEDICAL CENTER N
SUITE D-3300
City-State-Zip: NASHVILLE TN 37232

Title D
Name JOHNS, JAMES A
Address 1161 21ST AVE S MEDICAL CENTER N
SUITE D-3300
City-State-Zip: NASHVILLE TN 37232

Title OED, DIRECTOR
Name MANFRED, JAMES R
Address 1161 21ST AVE S MEDICAL CENTER N
SUITE D-3300
City-State-Zip: NASHVILLE TN 37232

Title S
Name NEWMAN, JAMES E
Address 1161 21ST AVE S MEDICAL CENTER N
SUITE D-3300
City-State-Zip: NASHVILLE TN 37232

Title T
Name NEWMAN, JAMES E
Address 1161 21ST AVE S MEDICAL CENTER N
SUITE D-3300
City-State-Zip: NASHVILLE TN 37232

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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: JAMES R. MANFRED**EXECUTIVE DIRECTOR****03/24/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	DIRECTOR
Name	KELLEY, TARA
Address	1161 21ST AVE S MEDICAL CENTER N SUITE D-3300
City-State-Zip:	NASHVILLE TN 37232