

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000002030

**Entity Name:** ALEXANDER INFUSION, LLC

**Current Principal Place of Business:**

500 WEST MAIN STREET  
LOUISVILLE, KY 40202

**Current Mailing Address:**

500 WEST MAIN STREET  
LOUISVILLE, KY 40202 US

**FEI Number:** 11-3391115

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
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           MANAGER  
Name           FLEMING, WILLIAM KEVIN  
Address        500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title           MANAGER  
Name           RUSCHELL, JOSEPH MATTHEW  
Address        500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title           MEMBER  
Name           EAGLE NY RX, LLC  
Address        500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title           TAX DIRECTOR  
Name           FELD, DANIEL KEVIN  
Address        500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

*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:** DANIEL K FELD

**TAX DIRECTOR**

**04/24/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date