

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000003511

FILED
May 18, 2020
Secretary of State
4639194259CC

Entity Name: AVELLA PATIENT ACCESS PROGRAM, INC.

Current Principal Place of Business:

24416 N. 19TH AVE.
PHOENIX, AZ 85085

Current Mailing Address:

24416 N. 19TH AVE.
PHOENIX, AZ 85085 US

FEI Number: 35-2563332

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

Officer/Director Detail :

Title DIRECTOR
Name LAGERSTROM, EDWARD ANDREW
Address 24416 N. 19TH AVE.
City-State-Zip: PHOENIX AZ 85085

Title DIRECTOR
Name GROSKLAYS, JEFFREY DAVID
Address 24416 N. 19TH AVE.
City-State-Zip: PHOENIX AZ 85085

Title VP, TAX SERVICES*
Name KELLY, JOHN WILLIAM
Address 24416 N. 19TH AVE.
City-State-Zip: PHOENIX AZ 85085

Title ASSISTANT TREASURER*
Name RUNICE, PAUL TIMOTHY
Address 24416 N. 19TH AVE.
City-State-Zip: PHOENIX AZ 85085

Title ASSISTANT TREASURER*
Name MCGLINCH, THOMAS SHAUN
Address 24416 N. 19TH AVE.
City-State-Zip: PHOENIX AZ 85085

Title ASSISTANT SECRETARY
Name LANG, HEATHER ANASTASIA
Address 24416 N. 19TH AVE.
City-State-Zip: PHOENIX AZ 85085

Title ASSISTANT SECRETARY
Name OBERG, DAVID JOHN
Address 24416 N. 19TH AVE.
City-State-Zip: PHOENIX AZ 85085

Title ASSISTANT SECRETARY
Name HINES, KIRSTEN COLLEEN
Address 24416 N. 19TH AVE.
City-State-Zip: PHOENIX AZ 85085

Continues on page 2

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HEATHER ANASTASIA LANG

ASSISTANT SECRETARY 05/18/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER
Name GILL, PETER MARSHALL
Address 24416 N. 19TH AVE.
City-State-Zip: PHOENIX AZ 85085

Title CEO
Name LAGERSTROM, EDWARD ANDREW
Address 24416 N. 19TH AVE.
City-State-Zip: PHOENIX AZ 85085

Title SECRETARY
Name PETERSON, KAREN ELIZABETH
Address 24416 N. 19TH AVE.
City-State-Zip: PHOENIX AZ 85085

Title PRESIDENT
Name LAGERSTROM, EDWARD ANDREW
Address 24416 N. 19TH AVE.
City-State-Zip: PHOENIX AZ 85085