

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000003511

**Entity Name:** AVELLA PATIENT ACCESS PROGRAM, INC.

**Current Principal Place of Business:**

100 TECHNOLOGY PARK, STE. 157  
LAKE MARY, FL 32746

**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            PRESIDENT  
Name            LAGERSTROM, EDWARD ANDREW  
Address        MAIL ROUTE: MN102-0700  
                  11020 OPTUM CIRCLE  
City-State-Zip: EDEN PRAIRIE MN 55344

Title            TREASURER  
Name            GILL, PETER MARSHALL  
Address        9900 BREN RD EAST  
City-State-Zip: MINNETONKA MN 55343

Title            SECRETARY  
Name            PETERSON, KAREN ELIZABETH  
Address        1600 MCCONNOR PARKWAY  
City-State-Zip: SCHAUMBURG IL 60173

Title            ASSISTANT SECRETARY  
Name            LANG, HEATHER ANASTASIA  
Address        9900 BREN ROAD EAST  
City-State-Zip: MINNETONKA MN 55343

Title            DIRECTOR  
Name            GROSKLAGS, JEFFREY DAVID  
Address        11020 OPTUM CIRCLE  
                  MN102-0800  
City-State-Zip: EDEN PRAIRIE MN 55344

Title            DIRECTOR  
Name            LAGERSTROM, EDWARD ANDREW  
Address        MAIL ROUTE: MN102-0700  
                  11020 OPTUM CIRCLE  
City-State-Zip: EDEN PRAIRIE MN 55344

*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    03/23/2019**

Electronic Signature of Signing Officer/Director Detail

Date