### 2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000004618

Entity Name: CARELONRX, INC.

**Current Principal Place of Business:** 

450 HEADQUARTERS PLAZA, SUITE 710 EAST TOWER, 7TH FLOOR

MORRISTOWN, NJ 07960

# **Current Mailing Address:**

450 HEADQUARTERS PLAZA, SUITE 710 EAST TOWER, 7TH FLOOR MORRISTOWN, NJ 07960 US

FEI Number: 82-3062245 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:

710

710

Title **SECRETARY** Title ASSISTANT TREASURER

Name KIEFER. KATHLEEN SUSAN Name NOBLE. ERIC KENNETH

Address 450 HEADQUARTERS PLAZA, SUITE Address 450 HEADQUARTERS PLAZA, SUITE 710

EAST TOWER, 7TH FLOOR EAST TOWER, 7TH FLOOR

MORRISTOWN NJ 07960 City-State-Zip: MORRISTOWN NJ 07960 City-State-Zip:

Title **TREASURER** Title **DIRECTOR** 

Name SCHER, VINCENT EDWARD Name SCHER, VINCENT EDWARD

Address 450 HEADQUARTERS PLAZA, SUITE Address 450 HEADQUARTERS PLAZA, SUITE 710 710

EAST TOWER, 7TH FLOOR

EAST TOWER, 7TH FLOOR MORRISTOWN NJ 07960 MORRISTOWN NJ 07960 City-State-Zip: City-State-Zip:

Title DIRECTOR Title ASSISTANT SECRETARY

SWENSON, DANIELLE ANNE SWENSON, DANIELLE ANNE Name Name

Address 450 HEADQUARTERS PLAZA, SUITE Address 450 HEADQUARTERS PLAZA, SUITE

EAST TOWER, 7TH FLOOR EAST TOWER, 7TH FLOOR

MORRISTOWN NJ 07960 City-State-Zip: MORRISTOWN NJ 07960 City-State-Zip:

Title **DIRECTOR** Title **PRESIDENT** 

MULDERRY, AMY KANE MULDERRY, AMY KANE Name Name

Address 450 HEADQUARTERS PLAZA, SUITE Address 450 HEADQUARTERS PLAZA, SUITE

EAST TOWER, 7TH FLOOR EAST TOWER, 7TH FLOOR

MORRISTOWN NJ 07960 MORRISTOWN NJ 07960 City-State-Zip: City-State-Zip:

### 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.

03/19/2025 SIGNATURE: KATHLEEN SUSAN KIEFER **SECRETARY** 

**FILED** Mar 19, 2025 Secretary of State 2861898565CC

# Officer/Director Detail Continued:

Title ASSISTANT SECRETARY
Name NABAVI, CHRISTINE I.

Address 450 HEADQUARTERS PLAZA, SUITE 710

EAST TOWER, 7TH FLOOR

City-State-Zip: MORRISTOWN NJ 07960