

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004437

Entity Name: FRESENIUS MEDICAL CARE PHARMACY SERVICES, INC.**Current Principal Place of Business:**920 WINTER STREET
TAX DEPT
WALTHAM, MA 02451**Current Mailing Address:**920 WINTER STREET
TAX DEPT
WALTHAM, MA 02451**FEI Number: 04-3480138****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 ASSISTANT TREASURER
Name MELLO, BRYAN
Address 920 WINTER STREET
City-State-Zip: WALTHAM MA 02451Title AT
Name MILLER, MOLLIE
Address 920 WINTER ST
City-State-Zip: FLOWOOD MS 39232Title TREASURER
Name FAWCETT, MARK
Address 920 WINTER STREET
City-State-Zip: WALTHAM MA 02451Title SECRETARY
Name GLEDHILL, KAREN
Address 920 WINTER STREET
TAX DEPT
City-State-Zip: WALTHAM MA 02451Title DIRECTOR
Name VALLE, WILLIAM
Address 920 WINTER STREET
TAX DEPT
City-State-Zip: WALTHAM MA 02451Title DIRECTOR, CEO
Name ASSELTA, MICHAEL
Address 920 WINTER STREET
TAX DEPT
City-State-Zip: WALTHAM MA 02451Title CFO
Name BRAUN, DENNIS
Address 920 WINTER STREET
TAX DEPT
City-State-Zip: WALTHAM MA 02451

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: MELLO BRYAN**ASSISTANT TREASURER 02/28/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date