



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2013

1. ID No. 000790294

2. Exact Name of the Limited Liability Company Prime Therapeutics Specialty Pharmacy LLC

3. State of Formation

State: DE

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

Specialty mail order pharmacy

5. Principal Office Address

No. and Street: 2354 COMMERCE PARK DRIVE, SUITE 100

City or Town: ORLANDO

State: FL Zip: 32819 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: KATHY COMSTOCK Contact Title: COMPLIANCE DEPT COORDINATOR

No. and Street: 1305 CORPORATE CENTER DRIVE

City or Town: EAGAN

State: MN Zip: 55121 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	AARON RODRIGUEZ	1305 CORPORATE CENTER DRIVE EAGAN, MN 55121 USA
MANAGER	PETER WICKERSHAM	1305 CORPORATE CENTER DRIVE EAGAN, MN 55121 USA
MANAGER	JIM DUCHARME	1305 CORPORATE CENTER DRIVE EAGAN, MN 55121 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 8 Day of August, 2013 at 12:49:37 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By KATHY COMSTOCK
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2013 State of Rhode Island and Providence Plantations
All Rights Reserved