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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the limited liability company		
790102	DermaTran Health Solutions, LLC		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
Florida	Retail compounding pharmacy		
5. Principal office address	City	State	Zip
85 Technology Parkway	Rome	GA	30165

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Julie Milliman	Accounting Dept.		
Street Address	City	State	Zip
P.O. Box 108	Rome	GA	30162

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
("X" BOX FOR ATTACHMENT) ☐

Manager Name			Manager Name		
Sam Moss			Delos H Yancey, III		
Street Address			Street Address		
210 E Second Avenue, Suite 300			185 Bellemont Drive, SW		
City	State	Zip	City	State	Zip
Rome	GA	30161	Rome	GA	30165
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

FILED
DEC 11 2014
By 238347
A.A. 9:58A.M -

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CORPORATIONS DIV
2014 DEC 11 AM 9:57

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person — Date: **12/09/2014**

Sam Moss
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012

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