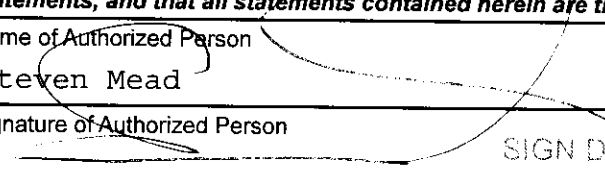




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

| | | | | | |
|---|-------|---|---|---------------------------|--|
| 1. Entity ID Number 150643 | | 2. Exact name of the Limited Liability Company United States Pharmaceutical Group, LLC | | | |
| 3. State of Formation DE | | 4. Brief description of the character of business conducted in Rhode Island Healthcare Business Process Outsourcing and any other lawful business purpose as approved by the board. | | | |
| 5. Principal Office Address 100 SE 3rd Ave, 14th Floor | | City Fort Lauderdale | | State FL | Zip 33394 |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Nicole Bailey | | | Contact Title VP Administration | | |
| Street Address P.O. Box 266290 | | | City Weston | | State FL Zip 33326 |
| 7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642. | | | | | |
| 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. | | | | | |
| Name of Authorized Person Steven Mead | | | | Date 8/23/16 | |
| Signature of Authorized Person  | | | | SIGN DOCUMENT HERE | |
| | | | | | |

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

SEP 16 2016

By 102907