

No. <b>W 186307</b>		<b>Due no later than Jul 31, 2018</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
		<b>1. Mailing Address: Correct in this box if needed.</b>  JACKSON PHARMACY PROFESSIONALS, LLC 2655 NORTHWINDS PARKWAY ALPHARETTA GA 30009		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	JACKSON PHARMACY PROFESSIONALS	2655 NORTHWINDS PARKWAY	ALPHARETTA	GA	USA	30009	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>GA W 186307</b>		Signature: Tiphane McAfee			Date: 08/02/2018		
		Name (type or print): Tiphane McAfee			Title: Authorized Person		
Processed 08/02/2018		* Electronically provided signatures are accepted as original signatures.					