

No. <b>W 121711</b>		<b>Due no later than Feb 28, 2015</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>  <b>1. Mailing Address: Correct in this box if needed.</b> COMPREHENSIVE PHARMACY SERVICES, LLC JEFF COOLE 6409 QUAIL HOLLOW ROAD MEMPHIS TN 38120		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE 83705	
				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
MANAGER	EDWARD YUN	10 TRAILSIDE RD	WESTON	MA	USA 02493
MANAGER	ANDREW KIEFFER	5708 CALAIS CT.	CALABASAS	CA	USA 91302
MANAGER	BARBARA HILL	212 LAMBETH RD	BALTIMORE	MD	USA 21218
MANAGER	GLENN ETOW	3151 AIRWAY AVE., STE. L-2	COSTA MESA	CA	USA 92626
MANAGER	DONALD J NICKLESON	6409 QUAIL HOLLOW RD	MEMPHIS	TN	USA 38120
5. Organized Under the Laws of:  <b>DE W 121711</b>		6. Annual Report must be signed.* Signature: Jeffrey A Coole Name (type or print): Jeffrey A Coole Date: 02/26/2015 Title: Dir-Tax & Reg Rptg			
Processed 02/26/2015		* Electronically provided signatures are accepted as original signatures.			