





STATE OF IDAHO

Office of the secretary of state, Phil McGrane **ANNUAL REPORT**

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301

Filing Fee: \$0.00

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-FILED-

File #: 0005322739

Date Filed: 7/14/2023 4:40:41 AM

Entity Name and Mailing Address:				
Entity Name:			DEPENDENT HEALTH'S PHARMACY BENEFIT MENSIONS, LLC	
Foreign Name (name in home jurisdiction):			DEPENDENT HEALTH'S PHARMACY BENEFIT MENSIONS, LLC	
The file number of this entity on the records of the Idaho Secretary of State is:			000620568	
Address			1 FARBER LAKES DR JFFALO, NY 14221-5779	
Entity Details:				
Entity Status			ctive-Existing	
This entity is organized under the laws of:			EW YORK	
If applicable, the old file number of this entity on the records of the Idaho Secretary of State was:			206007	
The registered agent on record is:				
Registered Agent			T CORPORATION SYSTEM	
			ommercial Registered Agent	
			ysical Address	
			555 W SHORELINE DR E 100	
			DISE, ID 83702	
			illing Address	
			555 W SHORELINE DR	
			TE 100 DISE, ID 83702	
Agent or Address Change				
Select if you are appointing a	new agent.			
Limited Liability Company Managers and Mo	embers			
Name	Title		Business Address	
John Rodgers	Manager		BER LAKES DRIVE D, NY 14211	
The control report private a signed by an action	housed sincer of the			
The annual report must be signed by an aut Job Title: Contract Manager	nonzed signer of the entity.			
COD TIME. Contract Manager				
Denzel Moore			07/14/2023	
Sign Here	<u> </u>	<u> </u>	Date	