

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "HOSPICE PHARMACY SOLUTIONS, LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF CONVERSION, FILED THE THIRTIETH DAY OF OCTOBER, A.D. 2015, AT 12:59 O`CLOCK P.M.

CERTIFICATE OF FORMATION, FILED THE THIRTIETH DAY OF OCTOBER, A.D. 2015, AT 12:59 O`CLOCK P.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2022, AT 10:58 O`CLOCK A.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE THIRTIETH DAY OF JANUARY, A.D. 2023, AT 2:18 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "HOSPICE PHARMACY SOLUTIONS, LLC".



5864338 8100H
SR# 20250103119

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202674982
Date: 01-13-25

PUBLIC

HCMO_ATT_00001903

Delaware

The First State

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Confidential
elenz@mwe.com
2025-05-16 22:01:35 +0000



Jeffrey W. Bullock, Secretary of State

5864338 8100H
SR# 20250103119

You may verify this certificate online at corp.delaware.gov/authver.shtml

PUBLIC

Authentication: 202674982
Date: 01-13-25

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**CERTIFICATE OF CONVERSION
TO A
DELAWARE LIMITED LIABILITY COMPANY
OF
HOSPICE PHARMACY SOLUTIONS, LTD.
(a Texas limited partnership)
TO
HOSPICE PHARMACY SOLUTIONS, LLC
(a Delaware limited liability company)**

This Certificate of Conversion to a Delaware Limited Liability Company, dated as of October 30, 2015, has been duly executed and is being filed by Hospice Pharmacy Solutions, Ltd., a Texas limited partnership (the "Converting Entity"), to convert the Converting Entity to Hospice Pharmacy Solutions, LLC, a Delaware limited liability company (the "LLC"), under the Delaware Limited Liability Company Act (6 Del. C. § 18-101, et seq.) (the "DLLCA") and the Texas Business Organizations Code (the "Texas Act").

FIRST: The Converting Entity filed its original Certificate of Limited Partnership with the Secretary of State of the State of Texas on April 27, 2004, establishing the Converting Entity under and pursuant to the Texas Act (or its predecessor).

SECOND: The name and type of entity of the Converting Entity immediately prior to the filing of this Certificate of Conversion to a Delaware Limited Liability Company was Hospice Pharmacy Solutions, Ltd., a Texas limited partnership.

THIRD: The name of the Delaware limited liability company into which the Converting Entity shall be converted as set forth in its Certificate of Formation is Hospice Pharmacy Solutions, LLC, a Delaware limited liability company.

FOURTH: The conversion has been approved in accordance with the provisions of Section 18-214 of the DLLCA and the Texas Act.

FIFTH: The conversion of the Converting Entity to the LLC shall be effective on October 30, 2015.

[Signature Page Follows]

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Conversion to a Delaware Limited Liability Company as of the date first-above written.

**HOSPICE PHARMACY SOLUTIONS,
LTD.**

**By HP Solutions Management, LLC
Its General Partner**

By: s/ Michael J. Nault
Michael J. Nault
Its Authorized Person

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elenz@mwe.com
2025-05-16 22:01:35 +0000

**CERTIFICATE OF FORMATION
OF
HOSPICE PHARMACY SOLUTIONS, LLC**

This Certificate of Formation of Hospice Pharmacy Solutions, LLC (the "Company"), dated as of October 30, is being duly executed and filed by the undersigned, as an authorized person, in connection with the conversion of Hospice Pharmacy Solutions, Ltd. from a Texas limited partnership to a Delaware limited liability company under the Delaware Limited Liability Company Act, 6 Del. C. §§ 18-101, et seq. and the Texas Business Organizations Code.

FIRST: The name of the Company is Hospice Pharmacy Solutions, LLC.

SECOND: The address of the registered office of the Company in the State of Delaware is: c/o The Corporation Trust Company, Corporation Trust Center, 1209 Orange Street, Wilmington, Delaware 19801. The name and address of the registered agent for service of process on the Company in the State of Delaware are: The Corporation Trust Company, Corporation Trust Center, 1209 Orange Street, Wilmington, Delaware 19801.

THIRD: This Certificate of Formation shall be effective on October 30, 2015.

IN WITNESS WHEREOF, the undersigned has caused this Certificate of Formation to be executed as of the date first above written.

s/ Michael J. Nault
Michael J. Nault
Its Authorized Person

State of Delaware
Secretary of State
Division of Corporations
Delivered 12:59 PM 10/30/2015
FILED 12:59 PM 10/30/2015
SR 20150712689 - File Number 5864338

Department of State: Division of Corporations**HOME**

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Name Reservation Status

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Reservation No.	Entity Name	Entity Type	Cost	Status	Expiration Date (mm/dd/yyyy)
5800321	HOSPICE PHARMACY SOLUTIONS, LLC	LIMITED LIABILITY COMPANY (LLC)	75.00	RESERVED	12/08/2015

SRV Number - 151150234

Payment Type - Credit Card

Card Number - ***9591**

Card Type - VI

Credit Card Reference Number - 081015102314811

Amount Charged - \$75.00

Note: You must print this page before logging out or performing a new reservation. If you do not print now this information will be lost and unavailable for future printing. Click on "Print Name Reservation Status" for printer friendly version of this page.

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STATE OF DELAWARE
CERTIFICATE OF AMENDMENT CHANGING ONLY THE
REGISTERED OFFICE OR REGISTERED AGENT OF A
LIMITED LIABILITY COMPANY

The limited liability company organized and existing under the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is _____
HOSPICE PHARMACY SOLUTIONS, LLC.
2. The Registered Office of the limited liability company in the State of Delaware is changed to 251 Little Falls Drive _____
(street), in the City of Wilmington _____,
Zip Code 19808. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is _____
Corporation Service Company.

By: /s/ Joseph M. Ruschell

Authorized Person

Name: Joseph M. Ruschell

Print or Type

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:58 AM 02/25/2022
FILED 10:58 AM 02/25/2022
SR 20220718227 - File Number 5864338

PUBLIC

HCMO_ATT_00001909

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT CHANGING ONLY THE
REGISTERED OFFICE OR REGISTERED AGENT OF A
LIMITED LIABILITY COMPANY

The limited liability company organized and existing under the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is _____
Hospice Pharmacy Solutions, LLC
2. The Registered Office of the limited liability company in the State of Delaware is changed to _____
Corporation Trust Center
1209 Orange Street (street), in the City of _____
Wilmington
Zip Code 19801. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is _____
THE CORPORATION TRUST COMPANY

By: /s/ Joseph Matthew Ruschell

Authorized Person

Name: Joseph Matthew Ruschell

Print or Type

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:18 PM 01/30/2023
FILED 02:18 PM 01/30/2023
SR 20230303415 - File Number 5864338