

Attachment F: Notice of Intent to Submit a Reply

_____ informs the Florida Department of Management Services of its
Enter Legal Name of Respondent

intent to respond to the solicitation titled ITN No.: DMS-19/20-030 for Pharmacy Benefits Plan Management Services.

Complete ALL Information Below

Name of Authorized Representative: _____

Title of Authorized Representative: _____

Signature of Authorized Representative: _____

Date: _____
Date of Signature

Address: _____
Enter Street or PO Address for Delivery of Attachment D

Enter City, State and ZIP Code for Delivery of Attachment D

Telephone No: (____) ____ - ____

E-mail Address: _____