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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 20, 2001 8:00 am DOCUMENT # F9600004358 **Secretary of State** APS PHARMACY MANGEMENT, INC. 03-20-2001 90044 008 ***150.00 Principal Place of Business Mailing Address 1771 W. DIEHL ROAD ONE RAVINIA DR DAMMAAAAA SUITE 210 STE 1500 NAPERVILLE 'L 60563 ATLANTA GA 30346 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 75-2091355 Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition TITLE **⊠** Delete TITLE Change MORGAN, GEORGE D NAME NAME STREET ADDRESS ONE RAVINIA DRIVE, STE 1500 STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30346 CITY-ST-ZIP Director, President and Treasurer TITLE ☑ Delete TITLE Boyd P. Gentry Suite 1500 GENTRY, BOYD P NAME NAME STREET ADDRESS ONE RAVINIA DR STE 1500 STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30346 CITY-ST-ZIP Atlanta 6A 30346 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME MIELE, STEFANO M NAME STREET ADDRESS ONE RAVINIA DR STE 1500 STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30346 CITY-ST-7(P Vice President **▼** Delete TITLE TITLE ☐ Change Addition MORGAN, GEORGE D NAME John Notermann NAME One Ravinia Dr., suite 1500 ONE RAVINIA DR STE 1500 STREET ADDRESS STREET ADDRESS Atlanta, GA 30346 ATLANTA GA 30346 City-St-ZiP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WHITTLE, SUSAN T 1 RAVINIA DR SUITE 1500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30346 CITY-ST-ZIP **VPAS** TITLE ☐ Delete TITLE ☐ Change Addition MOLLET, CHRIS J NAME 1771 W DIEHL ROAD, STE 210 STREET ADDRESS STREET ADDRESS NAPERVILLE IL 60563 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with a