

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14413

FILED
Feb 18, 2011
Secretary of State

Entity Name: PHARMACY OPERATIONS, INC.

Current Principal Place of Business:

1 RIDER TRAIL PLAZA DRIVE,
SUITE 300,
EARTH CITY, MO 63045

New Principal Place of Business:

Current Mailing Address:

7000 CARDINAL PLACE
TAX DEPARTMENT
DUBLIN, OH 43017 US

New Mailing Address:

FEI Number: 36-3457864 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: KAUFMANN, MICHAEL C
Address: 7000 CARDINAL PLACE
City-St-Zip: DUBLIN, OH 43017 US

Title: VPTX
Name: BYRNES, JOHN J
Address: 7000 CARDINAL PLACE
City-St-Zip: DUBLIN, OH 43017 US

Title: S
Name: FALK, STEPHEN T
Address: 7000 CARDINAL PLACE
City-St-Zip: DUBLIN, OH 43017 US

Title: D/T
Name: GOMEZ, JORGE M
Address: 7000 CARDINAL PLACE
City-St-Zip: DUBLIN, OH 43017 US

Title: CFO
Name: HENDERSON, JEFFREY
Address: 7000 CARDINAL PLACE
City-St-Zip: DUBLIN, OH 43017 US

Title: AS
Name: RAWLINS, RYLAN
Address: 7000 CARDINAL PLACE
City-St-Zip: DUBLIN, OH 43017

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN J. BYRNES

VPTX

02/18/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date