

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90306 043 \*\*\*150.00

0652131 AT

**DOCUMENT # P14413**

1. Entity Name  
**PHARMACY OPERATIONS, INC.**



Principal Place of Business  
1100 N. LINDBERGH BLVD.  
ST. LOUIS MO 63132

Mailing Address  
1100 N. LINDBERGH BLVD.  
ST. LOUIS MO 63132

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **36-3457864**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PARRISH, MARK W</b>	
STREET ADDRESS	<b>7000 CARDINAL PLACE</b>	
CITY-ST-ZIP	<b>DUBLIN OH 43017</b>	
TITLE	<b>VGM</b>	<input type="checkbox"/> Delete
NAME	<b>PARRISH, MARK</b>	
STREET ADDRESS	<b>7000 CARDINAL PLACE</b>	
CITY-ST-ZIP	<b>DUBLIN OH 43017</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>HAYNES, AMY B</b>	
STREET ADDRESS	<b>7000 CARDINAL PLACE</b>	
CITY-ST-ZIP	<b>DUBLIN OH 43017</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Michael R. Nelson</b>	
STREET ADDRESS	<b>7000 Cardinal Place</b>	
CITY-ST-ZIP	<b>Dublin, OH 43017</b>	
TITLE	<b>AS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Amy H. Hunsaker</b>	
STREET ADDRESS	<b>7000 Cardinal Place</b>	
CITY-ST-ZIP	<b>Dublin, OH 43017</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael R. Nelson* **Michael R. Nelson, VP, 4/28/03, 614-757-5000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRP034 (10/02)