

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000040386

**Entity Name:** PRIORITYHEALTHCARE.COM, INC.

**Current Principal Place of Business:**

ONE EXPRESS WAY  
HQ2N03  
ST. LOUIS, MO 63121

**Current Mailing Address:**

ONE EXPRESS WAY  
HQ2N03  
ST. LOUIS, MO 63121 US

**FEI Number:** 59-3573515

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            EBLING, KEITH J  
Address        ONE EXPRESS WAY  
City-State-Zip: ST. LOUIS MO 63121

Title            TREASURER, VP  
Name            KNIBB, CHRISTOPHER  
Address        ONE EXPRESS WAY  
City-State-Zip: ST. LOUIS MO 63121

Title            SECRETARY  
Name            AKINS, MARTIN P  
Address        ONE EXPRESS WAY  
City-State-Zip: ST. LOUIS MO 63121

Title            ASST. SECRETARY  
Name            MCGINNIS, CHRISTOPHER A  
Address        ONE EXPRESS WAY  
City-State-Zip: ST. LOUIS MO 63121

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:** MARTIN P. AKINS

**SECRETARY**

**04/23/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date