2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S81697

Entity Name: PRIORITY HEALTHCARE PHARMACY, INC.

Entity Name: PRIORITY HEALTHCARE PHARMACY,

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: 59-3099905 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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

FILED Apr 19, 2015

Secretary of State

CC4007510633

Officer/Director Detail:

Litle	PRESIDENT, DIRECTOR	Litle	VP

NameEBLING, KEITH JNameKNIBB, CHRISTOPHERAddressONE EXPRESS WAYAddressONE EXPRESS WAYCity-State-Zip:ST. LOUIS MO 63121City-State-Zip:ST. LOUIS MO 63121

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

Title VP, TREASURER
Name SMITH, TIMOTHY
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

Electronic Signature of Signing Officer/Director Detail

SECRETARY

04/19/2015 Date