

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S81697

**Entity Name:** PRIORITY HEALTHCARE PHARMACY, INC.

**Current Principal Place of Business:**

ONE EXPRESS WAY  
HQ2E04  
ST. LOUIS, MO 63121

**Current Mailing Address:**

ONE EXPRESS WAY  
HQ2E04  
ST. LOUIS, MO 63121

**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

**Officer/Director Detail :**

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

Title P/T  
Name HALL, JEFFREY L  
Address ONE EXPRESS WAY  
City-State-Zip: ST. LOUIS MO 63121

Title S  
Name AKINS, MARTIN P  
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**

**04/26/2013**

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

\_\_\_\_\_  
Date