

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000255

Entity Name: SPECIALTY PHARMACY, INC.

Current Principal Place of Business:

309 HENDERSON DRIVE
SHARON HILL, PA 19079

Current Mailing Address:

227 WASHINGTON STREET
CONSHOHOCKEN, PA 19428 US

FEI Number: 23-3003463

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 P
Name MILLER, CRAIG
Address 1300 MORRIS DRIVE
City-State-Zip: CHESTERBROOK PA 19087

Title DVP
Name GUTTMAN, TIM G
Address 227 WASHINGTON STREET
City-State-Zip: CONSHOHOCKEN PA 19428

Title SECRETARY
Name GADDES, KATHY H
Address 227 WASHINGTON STREET
City-State-Zip: CONSHOHOCKEN PA 19428

Title VPCT
Name QUINN, J F
Address 1300 MORRIS DRIVE
City-State-Zip: CHESTERBROOK PA 19087

Title AS
Name HIRST, DANIEL T
Address 227 WASHINGTON STREET
City-State-Zip: CONSHOHOCKEN PA 19428

Title D
Name COLLIS, STEVEN H
Address 227 WASHINGTON STREET
City-State-Zip: CONSHOHOCKEN PA 19428

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: DANIEL T. HIRST

ASSISTANT SECRETARY 04/27/2015

Electronic Signature of Signing Officer/Director Detail

Date