

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14413

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

**Current Principal Place of Business:**

1 RIDER TRAIL PLAZA DRIVE,  
SUITE 300,  
EARTH CITY, MO 63045

**Current Mailing Address:**

7000 CARDINAL PLACE  
TAX DEPARTMENT  
DUBLIN, OH 43017 US

**FEI Number:** 36-3457864

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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	VPTX	Title	S
Name	HUNTER, M. SCOTT	Name	ADAMS, JOHN M.
Address	7000 CARDINAL PLACE	Address	7000 CARDINAL PLACE
City-State-Zip:	DUBLIN OH 43017	City-State-Zip:	DUBLIN OH 43017
Title	SVPT, DIR	Title	CFO
Name	ZIMMERMAN, SCOTT	Name	GOMEZ, JORGE M
Address	7000 CARDINAL PLACE	Address	7000 CARDINAL PLACE
City-State-Zip:	DUBLIN OH 43017	City-State-Zip:	DUBLIN OH 43017
Title	ASST. SECRETARY	Title	VP
Name	GARAVITO, PATRICIO	Name	WRIGHT, HERMAN "HL"
Address	7000 CARDINAL PLACE TAX DEPARTMENT	Address	7000 CARDINAL PLACE TAX DEPARTMENT
City-State-Zip:	DUBLIN OH 43017	City-State-Zip:	DUBLIN OH 43017

*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:** M. SCOTT HUNTER

**VICE PRESIDENT**

**05/02/2018**

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

\_\_\_\_\_  
Date