

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 842061

1. Entity Name

MEDISAVE PHARMACIES, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90013 035 ***150.00

Principal Place of Business ONE VENCOR PLACE 680 S 4TH ST LOUISVILLE KY 40202 US	Mailing Address ONE VENCOR PLACE 680 S 4TH ST LOUISVILLE KY 40202-2407 US
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2. Principal Place of Business	3. Mailing Address 680 South Fourth Street
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Suite, Apt. #, etc.	Suite, Apt. #, etc. Attn: Tax Dept.
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City & State	City & State Louisville, KY
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Zip	Country	Zip	Country
		40202-2412	USA

4. FEI Number 72-0509321	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPFC LECHIEITER, RICHARD A ONE VENCOR PL., 680 S 4TH ST LOUISVILLE KY 40202-2412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPIF MARKHAM, KATHERYN J ONE VENCOR PL., 680 S 4TH ST LOUISVILLE KY 40202-2412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPM MONAGHAN, STEVEN L ONE VENCOR PL., 680 S 4TH ST LOUISVILLE KY 40202-2412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCC MOSS, SUSAN E ONE VENCOR PL., 680 S 4TH ST LOUISVILLE KY 40202-2412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WINDHORST, DAVID R ONE VENCOR PL., 680 S 4TH ST LOUISVILLE KY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FORCE, JILL L ONE VENCOR PL., 680 S 4TH ST LOUISVILLE KY <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brian K. Wood 502-596-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

March 20, 2000

Thomas L. Grissom
Primary Address: 680 South Fourth Street
Louisville, KY 40202-2412