

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000255

FILED  
Mar 26, 2012  
Secretary of State

Entity Name: SPECIALTY PHARMACY, INC.

**Current Principal Place of Business:**

309 HENDERSON DRIVE  
SHARON HILL, PA 19079 US

**New Principal Place of Business:**

**Current Mailing Address:**

1300 MORRIS DRIVE  
CHESTERBROOK, PA 19087 US

**New Mailing Address:**

FEI Number: 23-3003463

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MILLER, CRAIG  
Address: 1300 MORRIS DRIVE  
City-St-Zip: CHESTERBROOK, PA 19087

Title: DVP  
Name: GUTTMAN, TIM G  
Address: 1300 MORRIS DRIVE, SUITE 100  
City-St-Zip: CHESTERBROOK, PA 19087

Title: DSGC  
Name: CHOU, JOHN G  
Address: 1300 MORRIS DR  
City-St-Zip: CHESTERBROOK, PA 19087

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

Title: AS  
Name: HIRST, DANIEL T  
Address: 1300 MORRIS DRIVE  
City-St-Zip: CHESTERBROOK, PA 19087

Title: D  
Name: COLLIS, STEVEN H  
Address: 1300 MORRIS DRIVE, SUITE 100  
City-St-Zip: CHESTERBROOK, PA 19087

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

AS

03/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date