

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000002800

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

**Entity Name:** PORTLAND PROFESSIONAL PHARMACY ASSOCIATES INC.

**Current Principal Place of Business:**

53 DARLING AVENUE  
SOUTH PORTLAND, ME 04106

**New Principal Place of Business:**

**Current Mailing Address:**

2441 WARRENVILLE ROAD, SUITE 610  
LISLE, IL 60532

**New Mailing Address:**

**FEI Number:** 01-0516051

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

C T CORPORATION SYSTEM  
ONE PORTLAND SQUARE  
PORTLAND, FL 04101 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

01/03/2012

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: THIERER, MARK CEO  
Address: 2441 WARRENVILLE ROAD, SUITE 610  
City-St-Zip: LISLE, IL 60532

Title: TSD  
Name: PARK, JEFFREY CFOEVP  
Address: 2441 WARRENVILLE ROAD, SUITE 610  
City-St-Zip: LISLE, IL 60532

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: JEFFREY PARK

CFO

01/03/2012

Electronic Signature of Signing Officer or Director

Date