

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000002380

FILED
May 01, 2012
Secretary of State

Entity Name: HUMANA PHARMACY SOLUTIONS, INC.

Current Principal Place of Business:

500 W MAIN ST 21ST FLOOR
LOUISVILLE, KY 40202

New Principal Place of Business:

500 W MAIN ST
LOUISVILLE, KY 40202

Current Mailing Address:

500 W MAIN ST 21ST FLOOR
LOUISVILLE, KY 40202

New Mailing Address:

PO BOX 740026
LOUISVILLE, KY 402017426

FEI Number: 45-2254346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: DCEO
Name: MCCALLISTER, MICHAEL B
Address: 500 W MAIN ST
City-St-Zip: LOUISVILLE, KY 40202

Title: DVP
Name: BLOEM, JAMES H
Address: 500 W MAIN ST
City-St-Zip: LOUISVILLE, KY 40202

Title: CFOT
Name: BLOEM, JAMES H
Address: 500 W MAIN ST
City-St-Zip: LOUISVILLE, KY 40202

Title: D
Name: MURRAY, JAMES E
Address: 500 W MAIN ST 21ST FLOOR
City-St-Zip: LOUISVILLE, KY 40202

Title: P
Name: FLEMING, WILLIAM K
Address: 500 W MAIN ST
City-St-Zip: LOUISVILLE, KY 40202

Title: VP
Name: BAUERNFEIND, GEORGE G
Address: 500 W MAIN ST
City-St-Zip: LOUISVILLE, KY 40202

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: GEORGE BAUERNFEIND

VP

05/01/2012

Electronic Signature of Signing Officer or Director

Date