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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000000557 (8)

1. Corporation Name

MANAGED PRESCRIPTION SERVICES, INC.

Principal Place of Business	Mailing Address
500 W. MAIN ST. LOUISVILLE KY 40201-1438	P O BOX 1438 LOUISVILLE KY 40201-1438

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. or Unit (22) (27)
City & State (23) (28)
(24) (25) (29) (30)

4. FEI Number: 61-1246359 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section(s) 607.1502 and 617.1502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section(s) 607.1502, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TYPE P NAME SMITH, WAYNE T STREET ADDRESS 500 W. MAIN ST. CITY-ST-ZIP LOUISVILLE KY 40201-1438	☐ Change ☐ Addition
TYPE V NAME CASH, W. LARRY STREET ADDRESS 500 W. MAIN ST. CITY-ST-ZIP LOUISVILLE KY 40201-1438	☐ Change ☐ Addition 800001471508 -05/02/95--01137--001 ****200.00 ****200.00
TYPE V NAME COUGHLIN, KAREN A STREET ADDRESS 500 W. MAIN ST. CITY-ST-ZIP LOUISVILLE KY 40201-1438	☐ Change ☐ Addition
TYPE V NAME GARMON, PHILIP B STREET ADDRESS 500 W. MAIN ST. CITY-ST-ZIP LOUISVILLE KY 40201-1438	☐ Change ☐ Addition
TYPE V NAME BAUERNFEIND, GEORGE G STREET ADDRESS 500 W. MAIN ST. CITY-ST-ZIP LOUISVILLE KY 40201-1438	☐ Change ☐ Addition N 5/1
TYPE VS NAME NEELY, WALTER E STREET ADDRESS 500 W. MAIN ST. CITY-ST-ZIP LOUISVILLE KY 40201-1438	☑ Change ☐ Addition S JOAN O KROGER 500 W MAIN ST LOUISVILLE KY 40201-1438

14. I/We hereby certify that the information supplied with this report is true, complete and 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 12 or Block 13 with an asterisk (*) or attached with an asterisk.

SIGNATURE: George Bauernfeind GEORGE BAUERNFEIND, VP-TAX APR 27 1995 (502)582-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0470222 FP