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FILED  
Apr 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F95000001802 (6)

1. Corporation Name

ANTHEM PRESCRIPTION MANAGEMENT, INC.

Principal Place of Business

Mailing Address

4800 PARKWAY DR., #101  
MASON OH 45040

4800 PARKWAY DR., #101  
MASON OH 45040-8012



2. Principal Place of Business

2a. Mailing Address

21 8845 Governor's Hill Dr.  
Suite, Apt. #, etc.

26 8845 Governor's Hill Dr.  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Cincinnati, OH

28 Cincinnati, OH

24 Zip  
45249

Country  
Hamilton

29 Zip  
45249

Country  
Hamilton

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

04/13/1995

3a. Date of Last Report

02/09/1996

4. FEI Number

31-1422034

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 s. 199.032,  
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	HOUSER, DWAYNE R	221 E. 4TH ST., ATRIUM 2, #2800	CINCINNATI OH 45241	<input checked="" type="checkbox"/>
SD	HEIRD, ROBERT C	221 E. 4TH ST., ATRIUM 2, #2800	CINCINNATI OH 45241	<input checked="" type="checkbox"/>
TD	MILNES, WILLIAM R	221 E. 4TH ST., ATRIUM 2, #2800	CINCINNATI OH 45241	<input checked="" type="checkbox"/>
CEOD	BRUECKNER, STEPHEN F	221 E. 4TH ST., ATRIUM 2, #2800	CINCINNATI OH 45241	<input checked="" type="checkbox"/>
PD	BUXTON, BRADFORD A	4800 PARKWAY DRIVE SUITE 101	MASON OH 45040	<input type="checkbox"/>
T	KDENINGER, DAVID M	1351 WM. HOWARD TAFT RD.	CINCINNATI OH 45208	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 annual report or supplemental annual 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/97  
Date

513.336.3330  
Daytime Phone #

CR2E034 (9/96)

**ANTHEM PRESCRIPTION MANAGEMENT, INC.**

**CORPORATE OFFICERS AND DIRECTORS**

Joseph I. Berman  
Director  
1351 William Howard Taft Road  
Cincinnati, OH 45206

Bradford A. Buxton  
Director  
4361 Irwin Simpson Road  
Mason, OH 45040

Marjorie W. Dorr  
Chief Executive Officer, President, and Director  
8845 Governor's Hill Drive  
Cincinnati, OH 45249

Bain J. Farris  
Chairman of the Board of Directors  
120 Monument Circle  
Indianapolis, IN 46204

Michael B. Henning  
Director  
120 Monument Circle  
Indianapolis, IN 46204

Donald L. Mackos  
Director  
4361 Irwin Simpson Road  
Mason, OH 45040

George D. Martin  
Treasurer  
120 Monument Circle  
Indianapolis, IN 46204

Rebecca S. McClure  
Secretary  
120 Monument Circle  
Indianapolis, IN 46204

James P. Murphy  
Director  
4361 Irwin Simpson Road  
Mason, OH 45040

Amy Z. Sansbury  
Assistant Secretary  
1351 William Howard Taft Road  
Cincinnati, OH 45206

Chester Spychalski  
Assistant Treasurer  
8845 Governor's Hill Drive  
Cincinnati, OH 45249

Carol Ullery  
Assistant Secretary  
120 Monument Circle  
Indianapolis, IN 46204