

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001802

1. Entity Name

ANTHEM PRESCRIPTION MANAGEMENT, INC.

Principal Place of Business

Mailing Address

8990 DUKE BLVD
MASON OH 45040
US

8990 DUKE BLVD
MASON OH 45040-8943
US

2. Principal Place of Business
8990 Duke Boulevard

3. Mailing Address
120 Monument Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Mason, OH

City & State
Indianapolis

4. FEI Number
31-1422034

Applied For
Not Applicable

Zip
45040

Country

Zip
46204

Country

Marion

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Same as in #6

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLEASE SEE ATTACHED FOR <input type="checkbox"/> Delete BUXTON, BRADFORD A DIRECTOR INFORMATION 4361 IRWIN SIMPSON RD MASON OH 45040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete LANG, JAMES R 8990 DUKE BLVD MASON OH 45040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input type="checkbox"/> Delete MCCLURE, REBECCA S 120 MONUMENT CR INDIANAPOLIS IN 64204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete MARTIN, GEORGE D 120 MONUMENT CR INDIANAPOLIS IN 46204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete PURCELL, NANCY L 120 MONUMENT CIRCLE INDIANAPOLIS IN 46204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PLEASE SEE ATTACHED LISTING OF DIRECTORS

13. I 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 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 11 or Block 12, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rebecca S. McClure*

Janaury 25, 2000 317 488 6192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rebecca S. McClure, Assistant Secretary

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90041 018 ***150.00



DO NOT WRITE IN THIS SPACE