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PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **F97000001292 (8)**

1. Corporation Name
PRIORITY HEALTHCARE SERVICES CORPORATION OF INDI ANA

Principal Place of Business	Mailing Address
10333 N. MERIDIAN ST., STE. 300 INDIANAPOLIS IN 46290	10333 N. MERIDIAN ST., STE. 300 INDIANAPOLIS IN 46290

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/13/1997

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / Country (25)

2a. Mailing Address (26): Suite, Apt #, etc. (27): City & State (28): Zip (29) / Country (30)

4. FEI Number: 35-1972575 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No *

9. Name and Address of Current Registered Agent

LUTTRELL, BARBARA J
285 WEST CENTRAL PKWY., STE. 1704
#8 ALTAMONTE SPRINGS FL 32714
*Included with BWI, INc. & subsidiaries Intangible Tax Return.

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCEO BINDLEY, WILLIAM E 10333 N. MERIDIAN ST., STE. 300 INDIANAPOLIS IN 46290	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SALENTINE, THOMAS J 10333 N. MERIDIAN ST., STE. 300 INDIANAPOLIS IN 46290	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MCCORMICK, MICHAEL D 10333 N. MERIDIAN ST., STE. 300 INDIANAPOLIS IN 46290	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MYERS, ROBERT L 10333 N. MERIDIAN ST., STE. 300 INDIANAPOLIS IN 46290	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V COSTER, STEVEN I 10610 N. PENNSYLVANIA ST. INDIANAPOLIS IN 46290	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Sr. V.P. & Gen. Mgr. Steven D. Cosler 10610 N. Pennsylvania Street Indianapolis, IN 46290	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. 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 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: Michael D. McCormick 1/21/98 317/298-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # — 0501392

CR2E034 (10/97)

PRIORITY HEALTHCARE SERVICES CORPORATION
OFFICERS AND DIRECTORS

NAME	TITLE	HOME ADDRESS	SS#	DATE OF BIRTH
Steven D. Cosler (317) 587-2350	Senior Vice President and General Manager	3539 Brumley Way Carmel, IN 46033	307-64-9318	07-17-55
William E. Bindley * (317) 298-9890	Chairman and CEO	1330 Regal Drive Carmel, IN 46032	308-38-2149	10-06-40
Michael D. McCormick * (317) 298-9890	Executive V.P. and Secretary	11905 E. County Road 500 S. Zionsville, IN 46077	317-48-9013	03-18-48
Robert L. Myers (407) 869-7001	President	34 North Pine Circle Bellaire, FL 34616	308-46-2766	05-13-45
Thomas J. Salentine * (317) 298-9890	Executive V.P.	13540 Brentwood Lane Carmel, IN 46033	397-36-7231	08-08-39

* Board of Directors

1/13/98
A:BOD Listing'98/Cosler.BOD