## **2002 UNIFORM BUSINESS REPORT (UBR)**

2002	2 UNIFURM BUSI	NESS REPUR	ii (UBI	*/	Ian 20 20	02 8.00	lam	
DOCUMENT # F9700006084  1. Entity Name PHARMERICA, INC.					Jan 29, 2002 8:00 am Secretary of State 01-29-2002 90006 018 ***150.00			
Principal Place of Business 4000 METROPOLITAN DRIVE ORANGE CA 92868		Mailing Address 4000 METROPOLITAN DRIVE ORANGE CA 92868			1 100 ki 100	1\$ <b>28</b> (1) <b>40</b> (1 <b>) 6</b> (5)( <b>89</b> (5)	§ 18114 8187 1881	
	Place of Business	3. Mailing Address P.O. Box 959						
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	ebrook, PA	City & State Valley Forge, PA			4. FEI Number Applied For Not Applicable			
Zip 19087-5	5594 Country US	Zip 19482	Country US		5. Certificate of Status Desired	¢0.75	ditional	
	6. Name and Address of Current F	egistered Agent		7	. Name and Address of New Registr	ered Agent		
CT CORPORATION SYSTEM			Name					
1200 S. F	PINE ISLAND ROAD		Street A	aaress (P.C	D. Box Number is Not Acceptable)			
PLANTAT	10N FL 33324							
		_	City	<del></del>		FL Zip Code	e	
8. The above	named entity submits this statement for	the purpose of changing its reg	istered office or	registered	agent, or both, in the State of Florida.			
SIGNATURE .								
	Signature, typed or printed name of registered agent at	d title if applicable. (NOTE: Re	gistered Agent signatu	re required wh	en reinstating)	DATE		
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Stat			Election Campaign Financin     Trust Fund Contribution.		May Be I to Fees	
11. •	OFFICERS AND I	DIRECTORS	12.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P X Delete TIII CARPENTER, CHARLES J SS 4000 METROPOLITAN DR. ORANGE CA 92868			President/Director				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIMICK, NEIL F 4000 METROPOLITAN DR.  ORANGE CA 92868  NAM STRE		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/CFO/Director Change Addition Neil F. Dimick 4000 Metropolitan Drive Orange, Ca 92868				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAWDEI, MILAN A 4000 METROPOLITAN DR. ORANGE CA 92868	🔼 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Will: 4000	ecretary iam D. Sprague Metropolitan Drive ge, CA 92868	☐ Change	<b>☒</b> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MONTEVIDEO, MICHAEL 4000 METROPOLITAN DR. ORANGE CA 92868	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kent 4000	stant Secretary Harms Metropolitan Drive qe, CA 92868	☐ Change	X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
indicated	certify that the information supplied with t on this report or supplemental report is t poration or the receiver prirustee empor or on an attachment with an address, w	rue and accurate and that my s	ionature shall ha	ive the san	ne legal effect as if made under oath: ti	hat I am an officer.	or director	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TAIDE DEQUIRED Kent Harms, Assistant Secretary

Daytime Phone #

CR2E034 (9/01)