

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT.

**FILED**  
**Mar 17, 2005 8:00 am**  
**Secretary of State**

03-17-2005 90018 043 \*\*\*150.00

**DOCUMENT # F97000006084**

1. Entity Name  
**PHARMERICA, INC.**



Principal Place of Business  
**1300 MORRIS DRIVE  
CHESTERBROOK, PA 19087-5594**

Mailing Address  
**1300 MORRIS DRIVE  
CHESTERBROOK, PA 19087**

2. Principal Place of Business  
**1300 Morris Drive**

3. Mailing Address  
**1300 Morris Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102005

Chg-P

CR2E034 (10/03)

City & State  
**Chesterbrook, PA**

City & State  
**Chesterbrook, PA**

4. FEI Number  
**11-2310352**

Applied For  
Not Applicable

Zip  
**19087**

Country  
**USA**

Zip  
**19087**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO YOST, R. DAVID 1300 MORRIS DRIVE CHESTERBROOK, PA 19087	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO DICANDILO, MICHAEL D 1300 MORRIS DRIVE CHESTERBROOK, PA 19087	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS SPRAGUE, WILLIAM D 1300 MORRIS DRIVE CHESTERBROOK, PA 19087	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHIELDS, WILLIAM G 1300 MORRIS DRIVE CHESTERBROOK, PA 19087	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HIRST, DANIEL T 1300 MORRIS DRIVE CHESTERBROOK, PA 19087	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP HILZINGER, KURT 1300 MORRIS DRIVE CHESTERBROOK, PA 19087	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>See attachment</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**Daniel T. Hirst DANIEL T. HIRST** 3/19/2005 610 727 7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #