

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90114 017 \*\*\*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  
Suite, Apt. #, etc.

3. Mailing Address  
1300 Morris Drive  
Suite, Apt. #, etc.

03222006 Chg-P CR2E034 (11/05)

City & State  
Chesterbrook PA

City & State  
Chesterbrook PA

4. FEI Number  
11-2310352

Applied For  
Not Applicable

Zip Country  
19087 USA

Zip Country  
19087 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

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

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

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP+ secretary<br>John Chou<br>1300 Morris Drive<br>Chesterbrook PA 19087 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/2006 610 727-7000