

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91088 002 ***150.00

| | |
|---|--|
| DOCUMENT # F97000006084 | |
| 1. Entity Name Pharmerica, Inc. | |

DO NOT WRITE IN THIS SPACE

90054099

| | |
|---|---|
| 2. Principal Place of Business 1300 Morris Drive Suite, Apt. #, etc. | 3. Mailing Address 1300 Morris Drive Suite, Apt. #, etc. |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | |
|---|---|--|---|
| City & State Chesterbrook, PA | City & State Chesterbrook, PA | 4. FEI Number 11-2310352 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 19087 | Country USA | Zip 19087 | Country USA |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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7. Name and Address of Current Registered Agent

Name
CT Corporation
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

City
Plantation FL Zip Code
33324

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | | |
|--|--|-----------------------|------------------------|
| TITLE CEO | NAME R. David Yost | TITLE | NAME |
| STREET ADDRESS 1300 Morris Drive | CITY - ST - ZIP Chesterbrook, PA 19087 | STREET ADDRESS | CITY - ST - ZIP |
| TITLE Senior VP & CFO | NAME Michael D. DiCandilo | TITLE | NAME |
| STREET ADDRESS 1300 Morris Drive | CITY - ST - ZIP Chesterbrook, PA 19087 | STREET ADDRESS | CITY - ST - ZIP |
| TITLE VP & Secretary | NAME William D. Sprague | TITLE | NAME |
| STREET ADDRESS 1300 Morris Drive | CITY - ST - ZIP Chesterbrook, PA 19087 | STREET ADDRESS | CITY - ST - ZIP |
| TITLE President | NAME Charles J. Carpenter | TITLE | NAME |
| STREET ADDRESS 1300 Morris Drive | CITY - ST - ZIP Chesterbrook, PA 19087 | STREET ADDRESS | CITY - ST - ZIP |
| TITLE Asst. Secretary | NAME Daniel T. Hirst | TITLE | NAME |
| STREET ADDRESS 1300 Morris Drive | CITY - ST - ZIP Chesterbrook, PA 19087 | STREET ADDRESS | CITY - ST - ZIP |
| TITLE Executive VP | NAME Kurt J. Hilzinger | TITLE | NAME |
| STREET ADDRESS 1300 Morris Drive | CITY - ST - ZIP Chesterbrook, PA 19087 | STREET ADDRESS | CITY - ST - ZIP |

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Daniel T. Hirst

Date

3/10/2003

Daytime Phone #

610-727-7000