2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2011
Secretary of State

DOCUMENT# F97000006246

Entity Name: PROFESSIONAL PHARMACY SERVICES, INC.

Current Principal Place of Business:

100 EAST RIVERCENTER BLVD
SUITE 1600
COVINGTON, KY 41011

New Principal Place of Business:

100 E RIVERCENTER BLVD
SUITE 1600
COVINGTON, KY 41011

Current Mailing Address:

100 EAST RIVERCENTER BLVD
SUITE 1600
COVINGTON, KY 41011

New Mailing Address:

100 E RIVERCENTER BLVD
SUITE 1600
COVINGTON, KY 41011

FEI Number: 23-2847488 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: FINN, LEO (TRACY) P III
Address: 100 E RIVERCENTER BLVD SUITE 1600
City-St-Zip: COVINGTON, KY 41011

Title: VP
Name: ADES, STANTON
Address: 100 E RIVERCENTER BLVD SUITE 1600
City-St-Zip: COVINGTON, KY 41011

Title: TD
Name: MARSH, THOMAS R
Address: 100 E RIVERCENTER BLVD SUITE 1600
City-St-Zip: COVINGTON, KY 41011

Title: SD
Name: ROBBINS, REGIS T
Address: 100 E RIVERCENTER BLVD SUITE 1600
City-St-Zip: COVINGTON, KY 41011

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: REGIS T ROBBINS S 03/19/2011

Electronic Signature of Signing Officer or Director — Date