


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90028 033 \*\*\*550.00

<b>DOCUMENT # F97000006383</b>		
1. Entity Name <b>PHARMERICA DRUG SYSTEMS, INC.</b>		

Principal Place of Business <b>1300 MORRIS DRIVE CHESTERBROOK, PA 19087 US</b>	Mailing Address <b>1300 MORRIS DRIVE CHESTERBROOK, PA 19087 US</b>
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2. Principal Place of Business - No P.O. Box # <b>1901 Campus Place</b>	3. Mailing Address <b>1901 Campus Place</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Louisville, KY</b>	City & State <b>Louisville, KY</b>
Zip <b>40299</b>	Country <b>USA</b>



04302008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 32334</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SHIELDS, WILLIAM G 1300 MORRIS DR CHESTERBROOK, PA 19087 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS CHOU, JOHN 1300 MORRIS DRIVE CHESTER BROOK, PA 19087 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS HIRST, DANIEL T 1300 MORRIS DR CHESTERBROOK, FL 19087 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPAT GREENHALL, RICHARD M 1300 MORRIS DRIVE CHESTERBROOK, PA 19087 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Gregory S. Weishar 1901 Campus Place Louisville, KY 40299 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Thomas A. Caneris VP + Secretary 1901 Campus Place Louisville, KY 40299 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Michael J. Culotta 1901 Campus Place Louisville, KY 40299 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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

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 another like empowered.

SIGNATURE: Michael J. Culotta **Michael J. Culotta Treasurer** 04-29-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

502.627.7000