

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

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

03-17-2003 91088 004 \*\*\*150.00

<b>DOCUMENT #</b> F97000006383
<b>1. Entity Name</b> Pharmerica Drug Systems, Inc.

**DO NOT WRITE IN THIS SPACE**

90054097

<b>2. Principal Place of Business</b> 1300 Morris Drive Suite, Apt. #, etc.	<b>3. Mailing Address</b> 1300 Morris Drive Suite, Apt. #, etc.
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**DO NOT WRITE IN THIS SPACE**

<b>City &amp; State</b> Chesterbrook, PA	<b>City &amp; State</b> Chesterbrook, PA	<b>4. FEI Number</b> 52-1198121	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>Zip</b> 19087	<b>Country</b> USA	<b>Zip</b> 19087	<b>Country</b> USA
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
Name CT Corporation	
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road	
City Planatation	Zip Code FL 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**

<b>TITLE</b> President	<b>NAME</b> Charles J. Carpenter	<b>TITLE</b>	
<b>STREET ADDRESS</b> 1300 Morris Drive	<b>CITY - ST - ZIP</b> Chesterbrook, PA 19087	<b>NAME</b>	
<b>TITLE</b> Senior VP & CFO	<b>NAME</b> David Weidner	<b>TITLE</b>	
<b>STREET ADDRESS</b> 1300 Morris Drive	<b>CITY - ST - ZIP</b> Chesterbrook, PA 19087	<b>NAME</b>	
<b>TITLE</b> VP & Secretary	<b>NAME</b> William D. Sprague	<b>TITLE</b>	
<b>STREET ADDRESS</b> 1300 Morris Drive	<b>CITY - ST - ZIP</b> Chesterbrook, PA 19087	<b>NAME</b>	
<b>TITLE</b> VP, General Counsel, Asst. Sec.	<b>NAME</b> John Scheels	<b>TITLE</b>	
<b>STREET ADDRESS</b> 1300 Morris Drive	<b>CITY - ST - ZIP</b> Chesterbrook, PA 19087	<b>NAME</b>	
<b>TITLE</b> Asst. Secretary	<b>NAME</b> Daniel T. Hirst	<b>TITLE</b>	
<b>STREET ADDRESS</b> 1300 Morris Drive	<b>CITY - ST - ZIP</b> Chesterbrook, PA 19087	<b>NAME</b>	
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	<b>NAME</b>	
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>	<b>NAME</b>	

**DO NOT WRITE IN THIS SPACE**

**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* Daniel T. Hirst

3/10/2003

610-727-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)