

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91164 021 ***150.00

DOCUMENT # F97000006931

1. Entity Name

~~MEDSTEP, INC.~~ **Humana Pharmacy, Inc.** *nc*

Principal Place of Business

500 W. MAIN STREET
 LOUISVILLE KY 40202

Mailing Address

P.O. BOX 740026
 LOUISVILLE KY 40201-7426

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **61-1316926**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT)

Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!
After MAY 1, 2001
Make Check Payable to Department of State

FEE IS \$150.00

Fee will be \$550.00

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WOLF, GREGORY H	
STREET ADDRESS	500 W. MAIN STREET	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE	COORD	<input checked="" type="checkbox"/> Delete
NAME	ROTHERHAM, GREGORY K	
STREET ADDRESS	500 W. MAIN STREET	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	MURRAY, JAMES E	
STREET ADDRESS	500 W. MAIN STREET	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCCALLISTER, MICHAEL B	
STREET ADDRESS	500 W. MAIN STREET	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BOUCETTE, JAMES W	
STREET ADDRESS	500 W. MAIN STREET	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BAUERNFEIND, GEORGE G	
STREET ADDRESS	500 W. MAIN STREET	
CITY-ST-ZIP	LOUISVILLE KY 40202	

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joan D. Ogenahan	
STREET ADDRESS	500 W. Main St.	
CITY-ST-ZIP	Louisville, KY 40202	
TITLE	SVP + CFO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James H. Bloem	
STREET ADDRESS	500 W. Main St.	
CITY-ST-ZIP	Louisville, KY 40202	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P&CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brett J. McIntyre	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *George G. Bauernfeind* **George G. Bauernfeind** 4/24/01 (502) 580-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)