2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2011
Secretary of State

DOCUMENT# F97000006931

Entity Name: HUMANA PHARMACY, INC.

Current Principal Place of Business:

500 W. MAIN STREET
LOUISVILLE, KY 40202

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 740026
LOUISVILLE, KY 402017426

New Mailing Address:

FEI Number: 61-1316926 **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: S
Name: LENAHAN, JOAN O
Address: 500 W. MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: TCFO
Name: BLOEM, JAMES H
Address: 500 W. MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: D
Name: MURRAY, JAMES E
Address: 500 W. MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: PCEO
Name: MCCALLISTER, MICHAEL B
Address: 500 W. MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: VP
Name: BAUERNFEIND, GEORGE G
Address: 500 W. MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202

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: GEORGE BAUERNFEIND VP 04/27/2011

Electronic Signature of Signing Officer or Director — Date