

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # F98000004061

1. Entity Name
PHARMASOURCE HEALTHCARE, INC.



Principal Place of Business
**100 E. RIVERCENTER BLVD., STE 1600
COVINGTON, KY 41011**

Mailing Address
**100 E. RIVERCENTER BLVD., STE 1600
COVINGTON, KY 41011**



04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2066823

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HOLMES, DENIS R
STREET ADDRESS 100 E. RIVERCENTER BLVD., STE 1600
CITY-STATE-ZIP COVINGTON, KY 41011

TITLE VP
NAME CIALDINI, JAMES
STREET ADDRESS 100 E. RIVERCENTER BLVD., STE 1600
CITY-STATE-ZIP COVINGTON, KY 41011

TITLE TD
NAME MARSH, THOMAS R
STREET ADDRESS 100 E. RIVERCENTER BLVD., STE 1600
CITY-STATE-ZIP COVINGTON, KY 41011

TITLE SD
NAME ROBBINS, REGIS T
STREET ADDRESS 100 E. RIVERCENTER BLVD., STE 1600
CITY-STATE-ZIP COVINGTON, KY 41011

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

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05/09/07-80034-023 150.00

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 all other like empowered.

SIGNATURE:

Thomas R. Marsh

Thomas R. Marsh

04/23/2007 (859) 392-7358

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #