

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001633

1. Entity Name  
ANTHEM PRESCRIPTION MANAGEMENT, LLC

Principal Place of Business  
8990 DUKE BOULEVARD  
MASON OH 45040

Mailing Address  
8990 DUKE BOULEVARD  
MASON OH 45040

FILED

01 FEB 20 PM 3:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8990 Duke Boulevard Suite, Apt. #, etc.		3. Mailing Address 120 Monument Circle Suite, Apt. #, etc. Attn: B. McClure M3NG	
City & State Mason, OH 45040		City & State Indianapolis, IN 46204	
Zip 45040	Country U.S.	Zip 46204	Country U.S.

4. FEI Number 31-1714795	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. Name and Address of New Registered Agent Name NA Street Address (P.O. Box Number is Not Acceptable) NA City NA FL Zip Code	
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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.

SIGNATURE N/A  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LARRY CLAYBORN GLASSCOCK 120 MONUMENT CIRCLE INDIANAPOLIS IN 46204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600003745616--1 -02/21/01--000000000000 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FALLER, KEITH R 120 MONUMENT CIRCLE, 4TH FLOOR INDIANAPOLIS IN 46204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRICK, DAVID R 120 MONUMENT CIRCLE INDIANAPOLIS IN 46204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SLATER, CHARLES L 4361 IRWIN SIMPSON ROAD MASON OH 45040-9498 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MICHAEL LYNN SMITH 120 MONUMENT CIRCLE INDIANAPOLIS IN 46204 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Assistant Corporate Secretary Rebecca S. McClure 120 Monument Circle Indianapolis, IN 46072

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Rebecca S. McClure Assistant Corporate Secretary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/25/2001

Date

Daytime Phone #

0030604 AB

CR2E083 (11/00)