

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000004653

FILED
Mar 28, 2012
Secretary of State

Entity Name: THERACOM, L.L.C.

Current Principal Place of Business:

ONE CVS DRIVE
WOONSOCKET, RI 02895 US

New Principal Place of Business:

Current Mailing Address:

ONE CVS DRIVE
LEGAL DEPARTMENT
WOONSOCKET, RI 02895 US

New Mailing Address:

1300 MORRIS DRIVE
ATTN: TAX DEPT
CHESTERBROOK, PA 19087 US

FEI Number: 52-2005869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: AMERISOURCEBERGEN HOLDING CORPORATION
Address: 1300 MORRIS DRIVE
City-St-Zip: CHESTERBROOK, PA 19087 US

Title: P
Name: FOSTER, TRACY
Address: ONE CVS DRIVE
City-St-Zip: WOONSOCKET, RI 02895

Title: CEO
Name: COLLIS, STEVEN H
Address: 1300 MORRIS DRIVE
City-St-Zip: CHESTERBROOK, PA 19087 US

Title: S
Name: CHOU, JOHN G
Address: 1300 MORRIS DRIVE
City-St-Zip: CHESTERBROOK, PA 19087 US

Title: AS
Name: HIRST, DANIEL T
Address: 1300 MORRIS DRIVE
City-St-Zip: CHESTERBROOK, PA 19087 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: DANIEL T. HIRST

AS

03/28/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date