

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000004076

FILED
Feb 20, 2012
Secretary of State

Entity Name: PHARMACY ALTERNATIVES, LLC

Current Principal Place of Business:

9901 LINN STATION ROAD
LOUISVILLE, KY 40223

New Principal Place of Business:

Current Mailing Address:

9901 LINN STATION ROAD
LOUISVILLE, KY 40223

New Mailing Address:

FEI Number: 20-3612272

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: MGR
Name: KELLEY, PATRICK
Address: 9901 LINN STATION ROAD
City-St-Zip: LOUISVILLE, KY 40223

Title: MGR
Name: MILES, DAVID W
Address: 9901 LINN STATION ROAD
City-St-Zip: LOUISVILLE, KY 40223

Title: MGR
Name: REIBEL, MICHAEL J
Address: 9901 LINN STATION ROAD
City-St-Zip: LOUISVILLE, KY 40223

Title: MGR
Name: RUSSELL, DOUG
Address: 9901 LINN STATION ROAD
City-St-Zip: LOUISVILLE, KY 40223

Title: S
Name: WASKEY, DAVID S
Address: 9901 LINN STATION ROAD
City-St-Zip: LOUISVILLE, KY 40223

Title: VP
Name: ROBERTS, DENNIS
Address: 9901 LINN STATION ROAD
City-St-Zip: LOUISVILLE, KY 40223

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: DAVID S. WASKEY

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02/20/2012

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