2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121961

Entity Name: PRIORITY HEALTHCARE DISTRIBUTION, INC.

FILED Apr 23, 2012 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

2297 SOUTHWEST BLVD. SUITE D

GROVE CITY, OH 43123 US

Current Mailing Address: New Mailing Address:

2297 SOUTHWEST BLVD. SUITE D

GROVE CITY, OH 43123 US

FEI Number: 59-3761140 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

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: PT

Name: HALL, JEFFREY
Address: ONE EXPRESS WAY
City-St-Zip: ST. LOUIS, MO 63121

Title: VPAS

Name: JOHNSON, GAYLE
Address: 255 TECHNOLOGY DRIVE
City-St-Zip: LAKE MARY, FL 32746

Title: AS

Name: ELLIOTT, KELLEY
Address: ONE EXPRESS WAY
City-St-Zip: ST. LOUIS, MO 63121

Title:

 Name:
 AKINS, MARTIN P

 Address:
 ONE EXPRESS WAY

 City-St-Zip:
 ST. LOUIS, MO 63121

Title: AS

Name: MCGINNIS, CHRIS
Address: ONE EXPRESS WAY
City-St-Zip: ST. LOUIS, MO 63121

Title: VPD

Name: EBLING, KEITH
Address: ONE EXPRESS WAY
City-St-Zip: ST. LOUIS, MO 63121

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: KELLEY ELLIOTT AS 04/23/2012