

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000172597

FILED  
May 20, 2011  
Secretary of State

**Entity Name:** PROCARE PHARMACY BENEFIT MANAGER, INC.

**Current Principal Place of Business:**

3891 COMMERCE PARKWAY  
MIRAMAR, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

3891 COMMERCE PARKWAY  
MIRAMAR, FL 33025

**New Mailing Address:**

FEI Number: 58-2422694

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DRUCKER, STEVEN  
3891 COMMERCE PARKWAY  
MIRAMAR, FL 33025 US

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

WATSON, BARBARA  
3891 COMMERCE PKWY  
MIRAMAR, FL 33025 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: BARBARA WATSON

05/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BURGESS, ROGER  
Address: 3891 COMMERCE PARKWAY  
City-St-Zip: MIRAMAR, FL 33025

Title: SEC  
Name: BURGESS, BARBARA  
Address: 3891 COMMERCE PARKWAY  
City-St-Zip: MIRAMAR, FL 33025

Title: CFO  
Name: WATSON, BARBARA CFO  
Address: 3090 PREMIERE PKWY SUITE 100  
City-St-Zip: DULUTH, GA 30097

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: BARBARA WATSON

CFO

05/20/2011

Electronic Signature of Signing Officer or Director

Date