

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000006220

Entity Name: AXIUM HEALTHCARE PHARMACY, INC.**Current Principal Place of Business:**550 TECHNOLOGY PARK
LAKE MARY, FL 32746**Current Mailing Address:**550 TECHNOLOGY PARK
LAKE MARY, FL 32746**FEI Number:** 59-3622808**Certificate of Status Desired:** No**Name and Address of Current 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**Officer/Director Detail :**

Title VP, ASST. TREASURER
Name BUCHER, WILLIAM C
Address 550 TECHNOLOGY PARK
City-State-Zip: LAKE MARY FL 32746

Title PRES
Name MONTGOMERY, MARK C
Address 550 TECHNOLOGY PARK
City-State-Zip: LAKE MARY FL 32746

Title VP, TREASURER
Name FOLEY, TODD A
Address 1014 VINE STREET
City-State-Zip: CINCINNATI OH 45202-1100

Title VP
Name DABKOWSKI, GERRY
Address 550 TECHNOLOGY PARK
City-State-Zip: LAKE MARY FL 32746

Title ASST. SECRETARY, DIRECTOR
Name ROBERTS, DOROTHY D
Address 1014 VINE STREET
City-State-Zip: CINCINNATI OH 45202-1100

Title ASST. TREASURER
Name BRADLEY, JOSEPH W
Address 1014 VINE STREET
City-State-Zip: CINCINNATI OH 45202-1100

Title DIRECTOR
Name VAN OFLEN, MARY ELIZABETH
Address 1014 VINE STREET
City-State-Zip: CINCINNATI OH 45202-1100

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: JOSEPH W BRADLEY**ASSISTANT TREASURER** 04/09/2015_____
Electronic Signature of Signing Officer/Director Detail_____
Date