2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000006220

Entity Name: KROGER SPECIALTY PHARMACY, INC.

Current Principal Place of Business:

1014 VINE STREET CINCINNATI. OH 45202

Current Mailing Address:

1014 VINE STREET ATTN: TAX DEPT GO 7 CINCINNATI. OH 45202 US

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:

TitleVP, TREASURERTitleASST. SECRETARYNameCARIN, FIKE LNameROBERTS, DOROTHY D

Address 1014 VINE STREET Address 1014 VINE STREET

City-State-Zip: CINCINNATI OH 45202-1100 City-State-Zip: CINCINNATI OH 45202-1100

TitleASST. TREASURERTitleDIRECTOR, VP, SECRETARYNameBRADLEY, JOSEPH WNameWHEATLEY, CHRISTINE S

Address 1014 VINE STREET Address 1014 VINE STREET

City-State-Zip: CINCINNATI OH 45202-1100 City-State-Zip: CINCINNATI OH 45202

Title PRESIDENT Title VP

Name LINDHOLZ, COLLEEN Name SHELLY, TOM

Address 3200 LAKE EMMA ROAD Address 3200 LAKE EMMA ROAD

SUITE 1000 SUITE 1000

City-State-Zip: LAKE MARY FL 32746 City-State-Zip: LAKE MARY FL 32746

Title VP

Name COLE, DEBRA

Address 3200 LAKE EMMA ROAD

SUITE 1000

City-State-Zip: LAKE MARY FL 32746

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

03/26/2024

FILED Mar 26, 2024

Secretary of State

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