

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000006220

Entity Name: KROGER SPECIALTY PHARMACY, INC.**Current Principal Place of Business:**3200 LAKE EMMA ROAD
SUITE 1000
LAKE MARY, FL 32746**Current Mailing Address:**3200 LAKE EMMA ROAD
SUITE 1000
LAKE MARY, FL 32746 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 :**

Title	VP, TREASURER
Name	CARIN, FIKE L
Address	1014 VINE STREET
City-State-Zip:	CINCINNATI OH 45202-1100

Title	ASST. SECRETARY
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, VP, SECRETARY
Name	WHEATLEY, CHRISTINE S
Address	1014 VINE STREET
City-State-Zip:	CINCINNATI OH 45202

Title	PRESIDENT
Name	MEFFE, DOMENIC
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

ASST TREASURER

03/18/2019

Electronic Signature of Signing Officer/Director Detail_____
Date