2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2013
Secretary of State
CC9022504205

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
Name	BUCHER, WILLIAM C
Address	550 TECHNOLOGY PARK
City-State-Zip:	LAKE MARY FL 32746

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

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

Title	VP, TREASURER
Name	HENDERSON, SCOTT M
Address	1014 VINE STREET
City-State-Zip:	CINCINNATI OH 45202-1100

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

Title	DIRECTOR
Name	GACK, BRUCE M
Address	1014 VINE STREET
City-State-Zip:	CINCINNATI OH 45202-1100

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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. TREAS. 04/24/2013

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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