

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000015351

Entity Name: THRIFTYMED,INC.

Current Principal Place of Business:

ONE POST STREET
SAN FRANCISCO, CA 94104

Current Mailing Address:

ONE POST STREET
SAN FRANCISCO, CA 94104 US

FEI Number: 59-3498715

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 PRESIDENT, DIRECTOR

Name MCCOMB, STANTON J

Address ONE POST STREET

City-State-Zip: SAN FRANCISCO CA 94104

Title VP, SECRETARY, DIRECTOR

Name BOGAN, WILLIE C

Address ONE POST STREET

City-State-Zip: SAN FRANCISCO CA 94104

Title VP, TREASURER, DIRECTOR

Name BALDANZI, TODD E

Address ONE POST STREET

City-State-Zip: SAN FRANCISCO CA 94104

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: WILLIE C BOGAN

SECRETARY

05/01/2013

Electronic Signature of Signing Officer/Director Detail

Date