

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001598

Entity Name: MEDICAP PHARMACIES INCORPORATED**Current Principal Place of Business:**7000 CARDINAL PLACE
DUBLIN, OH 43017**Current Mailing Address:**7000 CARDINAL PLACE
DUBLIN, OH 43017 US**FEI Number:** 42-0981231**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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, T, DIRECTOR
Name ZIMMERMAN, SCOTT
Address 7000 CARDINAL PLACE
City-State-Zip: DUBLIN OH 43017Title VPTX
Name ROBINSON, WAYNE
Address 7000 CARDINAL PLACE
City-State-Zip: DUBLIN OH 43017Title ASST. SECRETARY
Name GARAVITO, PATRICIO
Address 7000 CARDINAL PLACE
City-State-Zip: DUBLIN OH 43017Title TREASURER
Name LEONARD, TRAVIS
Address 7000 CARDINAL PLACE
City-State-Zip: DUBLIN OH 43017Title S
Name ADAMS, JOHN M
Address 7000 CARDINAL PLACE
City-State-Zip: DUBLIN OH 43017Title CFO
Name GOMEZ, JORGE M
Address 7000 CARDINAL PLACE
City-State-Zip: DUBLIN OH 43017Title ASST. SECRETARY
Name WRIGHT, HERMAN "HL"
Address 7000 CARDINAL PLACE
City-State-Zip: DUBLIN OH 43017Title CEO
Name CRAWFORD, VICTOR
Address 7000 CARDINAL PLACE
City-State-Zip: DUBLIN OH 43017

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: WAYNE ROBINSON

VICE PRESIDENT

05/10/2019

Electronic Signature of Signing Officer/Director Detail_____
Date