No. C 162510		Due	no later than Sep 30, 2007	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. HUMANA PHARMACY, INC. DAWN WILLIAMS 500 W MAIN ST LOUISVILLE KY 40202		1401 SHOREL BOISE ID 8.	CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		ass Addrassas of Pr	acident Secretary and Directors Treasur	urer (optional)				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
TREASURER PRESIDENT SECRETARY	URER JAMES H BLOEM DENT GEORGE BAUERNFEIND		500 WEST MAIN STREET 500 WEST MAIN STREET 500 WEST MAIN STREET	LOUISVILLE LOUISVILLE LOUISVILLE	KY KY KY	USA USA USA	40202 40202 40202	
5. Organized Under the Laws of:		6. Annual Report r						
DE		Signature: George Bauernfeind			Date: 07/20/2007			
C 162510		Name (type or p		Title: Vice President				
Processed 07/20/2007	* Electronically provided signatures are accepted as original signatures.							