

No. <b>C 162510</b>		<b>Due no later than Sep 30, 2012</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  HUMANA PHARMACY, INC. ANITA STEPHENS P.O. BOX 740026 LOUISVILLE KY 40201-7426		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
VICE PRESIDENT	GEORGE BAUERNFEIND	500 WEST MAIN STREET	LOUISVILLE	KY	USA	40202	
PRESIDENT	WILLIAM K FLEMING	500 WEST MAIN STREET	LOUISVILLE	KY	USA	40202	
SECRETARY	JOAN O LENAHAN	500 WEST MAIN STREET	LOUISVILLE	KY	USA	40202	
TREASURER	JAMES H BLOEM	500 WEST MAIN STREET	LOUISVILLE	KY	USA	40202	
5. Organized Under the Laws of:  <b>DE</b> <b>C 162510</b>		6. Annual Report must be signed.*  Signature: George Bauernfeind Name (type or print): George Bauernfeind					
		Date: 09/18/2012 Title: Vice President					
Processed 09/18/2012 * Electronically provided signatures are accepted as original signatures.							