

No. C 158095		Due no later than Jan 31, 2010 Annual Report Form		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. PHARMACY CORPORATION OF AMERICA TAX DEPT 1901 CAMPUS PLACE LOUISVILLE KY 40299		CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702 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
DIRECTOR	MICHAEL J CULOTTA	1901 CAMPUS PLACE	LOUISVILLE	KY	USA	40299-2308
DIRECTOR	THOMAS A CANERIS	1901 CAMPUS PLACE	LOUISVILLE	KY	USA	40299-2308
DIRECTOR	GREGORY S WEISHAR	1901 CAMPUS PLACE	LOUISVILLE	KY	USA	40299-2308
TREASURER	MICHAEL J CULOTTA	1901 CAMPUS PLACE	LOUISVILLE	KY	USA	40299-2308
SECRETARY	THOMAS A CANERIS	1901 CAMPUS PLACE	LOUISVILLE	KY	USA	40299-2308
PRESIDENT	GREGORY S WEISHAR	1901 CAMPUS PLACE	LOUISVILLE	KY	USA	40299-2308
5. Organized Under the Laws of: CA C 158095		6. Annual Report must be signed.* Signature: Michael J. Culotta Name (type or print): Michael J. Culotta		Date: 12/01/2009 Title: Treasurer		
Processed 12/01/2009		* Electronically provided signatures are accepted as original signatures.				