

1.) CORPORATION NAME: PLAZA PROFESSIONAL PHARMACY, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 9/30/2015 SCC ID NO: 01618875 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>50,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	50,000
CLASS	AUTHORIZED				
COMMON	50,000				

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 111 WESTWOOD PL STE 400 CITY/ST/ZIP: BRENTWOOD, TN 37027
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MARK W. OHLENDORF TITLE: PRESIDENT, CFO ADDRESS: 6737 W. WASHINGTON SUITE 2300 CITY/ST/ZIP/CO: MILWAUKEE, WI 53214	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: BRYAN D RICHARDSON TITLE: EVP ADDRESS: 111 WESTWOOD PL STE 400 CITY/ST/ZIP/CO: BRENTWOOD, TN 37027	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: T ANDREW SMITH TITLE: CEO ADDRESS: 111 WESTWOOD PL STE 400 CITY/ST/ZIP/CO: BRENTWOOD, TN 37027	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MARK W. OHLENDORF SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARK W. OHLENDORF, PRESIDENT, CFO PRINTED NAME AND CORPORATE TITLE	8/18/2015 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.