

1.) CORPORATION NAME:

**American Pharmacy Cooperative, Inc.**

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD  
SUITE 301**

SCC ID NO: **F1566779**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	300,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**AL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5601 SHIRLEY PARK DRIVE

CITY/ST/ZIP: BESSEMER, AL 35022

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: LARRY HADLEY  
TITLE: DIRECTOR  
ADDRESS: 1230 US HIGHWAY 127 S  
CITY/ST/ZIP/CO: FRANKFORT, KY 40601

OFFICER  DIRECTOR

NAME: TIMOTHY HAMRICK  
TITLE: CEO  
ADDRESS: 5601 SHIRLEY PARK DRIVE  
CITY/ST/ZIP/CO: BESSEMER, AL 35020

OFFICER  DIRECTOR

NAME: FARRELL HAILE  
TITLE: DIRECTOR  
ADDRESS: 532 HARTSVILLE PIKE  
CITY/ST/ZIP/CO: GALLATIN, TN 37066

OFFICER  DIRECTOR

NAME: ANTHONY BROOKLERE  
TITLE: DIRECTOR  
ADDRESS: 3116 HILLCREST TRACE  
CITY/ST/ZIP/CO: ADAMSVILLE, AL 35005

OFFICER  DIRECTOR

NAME: JERRY DUREN  
TITLE: CHAIRMAN  
ADDRESS: 215 WOOD DRIVE  
CITY/ST/ZIP/CO: WAYNESBORO, TN 38485

OFFICER  DIRECTOR

NAME: JIMMY JACKSON  
TITLE: DIRECTOR  
ADDRESS: 1974 CHEROKEE ROAD  
CITY/ST/ZIP/CO: ALEXANDER CITY, AL 35010

OFFICER  DIRECTOR

NAME: CHARLES PRICKETT TITLE: DIRECTOR ADDRESS: 1310 EASTERN VALLEY ROAD CITY/ST/ZIP/CO: BESSEMER, AL 35020	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ED WALKER TITLE: SEC-TREAS ADDRESS: 13 W JACKSON STREET CITY/ST/ZIP/CO: SULLIVAN, IN 47882	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TOMMY WHITWORTH TITLE: DIRECTOR ADDRESS: 18 NEW AIRPORT ROAD CITY/ST/ZIP/CO: LAGRANGE, GA 30240	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID WRIGHT TITLE: DIRECTOR ADDRESS: 5009 TURNPIKE FEEDER ROAD CITY/ST/ZIP/CO: FORT PIERCE, FL 34951	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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/ TIMOTHY HAMRICK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TIMOTHY HAMRICK, CEO PRINTED NAME AND CORPORATE TITLE	10/30/2012 DATE
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.		