

1.) CORPORATION NAME: Portland Professional Pharmacy Associates Inc.(USED IN VA BY: Portland Professional Pharmacy Ass 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 5/31/2012 SCC ID NO: F1588484 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">CLASS</th> <th style="width:50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>3,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	3,000
CLASS	AUTHORIZED				
COMMON	3,000				

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 2441 WARRENVILLE RD STE 610 CITY/ST/ZIP: LISLE, IL 60532-3642
--

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 THIERER TITLE: P/CEO ADDRESS: 2441 WARRENVILLE RD STE 610 CITY/ST/ZIP/CO: LISLE, IL 60532-3642	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
--	---	-----------------------------------	--

NAME: JEFFREY PARK TITLE: CFO/S/T/EXEC VP ADDRESS: 2441 WARRENVILLE ROAD STE 610 CITY/ST/ZIP/CO: LISLE, IL 60532-3642	<input checked="" 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/ JEFFREY PARK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JEFFREY PARK, CFO/S/T/EXEC VP PRINTED NAME AND CORPORATE TITLE	4/3/2012 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.