


**2004 FOR PROFIT CORPORATION RECE
ANNUAL REPORT (AR)**

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90114 045 ***550.00

DOCUMENT # F98000002162			
1. Entity Name TELEPHARMACY SOLUTIONS, INC.			
Principal Place of Business 267 BOSTON ROAD STE. 27 N. BILLERICA MA 01862		Mailing Address 267 BOSTON ROAD STE. 27 N. BILLERICA MA 01862	
2. Principal Place of Business		3. Mailing Address 1300 Morris Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Chesterbrook, PA	
Zip		Zip 19087	
Country		Country USA	
4. FEI Number 04-3252233		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8. \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BREZINSKI, ED 14354 ROXSHIRE ORLANDO FL 32837		7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL Zip Code 33324	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Margaret E. Routzahn</i> MARGARET E. ROUTZAHN 8/25/04 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent must be a resident of the State of Florida.)</small>			
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP HART, BRIAN T 267 BOSTON ROAD, STE. 27 N. BILLERICA MA 01862 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director R. David Yost 1300 Morris Drive, Chesterbrook, PA 19087 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BERUBE, ARTHUR A 267 BOSTON ROAD, STE. 27 N. BILLERICA MA 01862 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Duane S. Chudy 1300 Morris Drive, Chesterbrook, PA 19087 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PESCATORE, PAUL E 267 BOSTON ROAD, STE. 27 N. BILLERICA MA 01862 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP, General Counsel/Secretary William D. Sprague 1300 Morris Drive, Chesterbrook, PA 19087 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Daniel T. Hirst 1300 Morris Drive Chesterbrook, PA 19087 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP & CFO Michael D. DiCandilo 1300 Morris Drive Chesterbrook, PA 19087 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & Corp. Treasurer J. F. Quinn 1300 Morris Drive, Chesterbrook, PA 19087 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Daniel T. Hirst</i> ASS'T SECRETARY		8/30/2004 (610 727) - 7000	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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MOORE CR2E034 (4/04)