


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000002162

1. Entity Name
TELEPHARMACY SOLUTIONS, INC.



Principal Place of Business Mailing Address

267 BOSTON ROAD 1300 MORRIS DRIVE
STE. 27 CHESTERBROOK, PA 19087
N. BILLERICA, MA 01862

DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
04-3252233 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | D |
| NAME | YOST, R. DAVID |
| STREET ADDRESS | 1300 MORRIS DRIVE |
| CITY-ST-ZIP | CHESTERBROOK, PA 19087 |
| TITLE | P |
| NAME | CHUDY, DUANE S |
| STREET ADDRESS | 1300 MORRIS DRIVE |
| CITY-ST-ZIP | CHESTERBROOK, PA 19087 |
| TITLE | SVPS |
| NAME | SPRAGUE, WILLIAM D |
| STREET ADDRESS | 1300 MORRIS DRIVE |
| CITY-ST-ZIP | CHESTERBROOK, PA 19087 |
| TITLE | AS |
| NAME | HIRST, DANIEL T |
| STREET ADDRESS | 1300 MORRIS DRIVE |
| CITY-ST-ZIP | CHESTERBROOK, PA 19087 |
| TITLE | SVPC |
| NAME | DICANDILO, MICHAEL D |
| STREET ADDRESS | 1300 MORRIS DRIVE |
| CITY-ST-ZIP | CHESTERBROOK, PA 19087 |
| TITLE | VPCT |
| NAME | QUINN, J.F. |
| STREET ADDRESS | 1300 MORRIS DRIVE |
| CITY-ST-ZIP | CHESTERBROOK, PA 19087 |

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03/16/05-80003-009 150.00

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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: Daniel T. Hirst DANIEL T. HIRST 3/9/2005 610 787 7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #