## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # F98000002162



## FILED Apr 11, 2006 8:00 am Secretary of State

| TELEPHARMACY SOLUTIONS, INC.   |  |  |                               |  | 04-11-2006 90114 024 ***150.00        |                         |                     |                             |  |  |
|--|--|--|-------------------------------|--|---------------------------------------|-------------------------|---------------------|-----------------------------|--|--|
| Principal Plac<br>267 BOSTON<br>STE. 27<br>N. BILLERICA                    |  | Mailing Address<br>1300 MORRIS DRIVE<br>CHESTERBROOK, PA 190 | 087                           | <u>-                                    </u> | 1   T   T   T   T   T   T   T   T   T |                         | <b>       </b>      | <b>1 F</b> 111 <b>0</b> (11 | D) F B 1   1   1   1   1   1   1   1   1   1 |  |
| 2. Principal Place of Business   |  | 3. Mailing Address   |                               |  |                                       |                         |                     |                             |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |                               | 03222006                                     | Chg-P                                 | CR2E034 (1              | 1/05)               |                             |  |  |
| City & State   |  | City & State   |                               |  | J. 1. 11. 11.                         |                         |                     | oplied For<br>ot Applicable |  |  |
| Zip  | Country  | Zip  | Country                       |  | 5. Certificate                        | of Status Desired       |                     | 75 Add<br>Require           |  |  |
|  | 6. Name and Address of Current F   | Registered Agent   |                               |  | 7. Name and                           | Address of New R        | egistered Agent     | (                           |  |  |
|  |  |  |                               | Name   |                                       |                         |                     |                             |  |  |
| CT CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND RD<br>PLANTATION, FL 33324 |  |  | Street                        | Address (                                    | P.O. Box Numbe                        | er is Not Acceptable    | )                   |                             |  |  |
|  |  |  | City                          |  |                                       |                         | FL Z                | ip Cod                      | e  |  |
| <u> </u>   |  |  |                               |  |                                       |                         |                     |                             |  |  |
|  | named entity submits this statement for tions of registered agent.                     | the purpose of changing its re                               | egistered office of           | or register                                  | ed agent, or bo                       | th, in the State of Flo | rida. I am familia  | ar with,                    | and accept                                   |  |
| uic obligat  | ions of registered agent.  |  |                               |  |                                       |                         |                     |                             |  |  |
| SIGNATURE.   |  |  |                               |  |                                       |                         |                     |                             |  |  |
|  | Signature, typed or printed name of registered agent as                                | nd title if applicable. (NOTE: F                             | Registered Agent signs        | iture required                               | when reinstating)                     |                         | DATE                |                             |  |  |
| FiL<br>After Ma  | E NOW!!! FEE IS \$150.00<br>ay 1, 2006 Fee will be \$550.0                             | 9. Election Campaigr Trust Fund Contrib                      |                               |  | .00 May Be<br>ed to Fees              |                         |                     |                             |  |  |
| 10.  | OFFICERS AND D   | DIRECTORS  | 11.                           |  |                                       | CHANGES TO OFFI         | CERS AND DIRE       | CTOR                        | S IN 11                                      |  |
| TITLE  | D  | ⊅ <b>E</b> Delete  | TITLE                         |  | ident                                 |                         | ×Q́α                | Change                      | Addition                                     |  |
| NAME   | YOST, R. DAVID   |  | NAME                          |  | n Zimmer                              |                         | ,                   |                             |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | 1300 MORRIS DRIVE<br>CHESTERBROOK, PA 19087  |  | STREET ADDRESS<br>CITY-ST-ZIP |  | Morris D                              | cive<br>LPA 19087       |                     |                             |  |  |
|  | P P 1908/  | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\                       |                               | FVE  |                                       | - PH 1908 7             |                     |                             |  |  |
| TITLE<br>NAME  | CHUDY, DUANE S   | Delete   | TITLE<br>NAME                 |  | phen R. M.                            | ) tchell                |                     | Change                      | ☐ Addition                                   |  |
| STREET ADDRESS   | 1300 MORRIS DRIVE  |  | STREET ADDRESS                | 1300   | Morris Di                             | 17 <b>6</b>             |                     |                             |  |  |
| CITY-ST-ZIP  | CHESTERBROOK, PA 19087   |  | CITY-ST-ZIP                   |  | sterbrook                             |                         |                     |                             |  |  |
| TITLE  | SVPS   | Delete   | TITLE                         |  | Secretan                              |                         | П                   | Change                      | Addition                                     |  |
| NAME   | SPRAGUE, WILLIAM D   | X beauti   | NAME                          |  | 1 Chou                                | 7                       |                     |                             | ,  |  |
| STREET ADDRESS   | 1300 MORRIS DRIVE  |  | STREET ADDRESS                | 1300   | morris 1                              | Drive                   |                     |                             |  |  |
| CITY-ST-ZIP  | CHESTERBROOK, PA 19087   |  | CITY-ST-ZIP                   |  | Herbrook A                            |                         |                     |                             |  |  |
| TITLE  | AS   | ☐ Delete   | TITLE                         |  |                                       |                         |                     | Change                      | Addition                                     |  |
| NAME   | HIRST, DANIEL T  |  | NAME                          |  |                                       |                         |                     |                             |  |  |
| STREET ADDRESS   | 1300 MORRIS DRIVE  |  | STREET ADDRESS                |  |                                       |                         |                     |                             |  |  |
| CITY-ST-ZIP  | CHESTERBROOK, PA 19087   |  | CITY+ST-ZIP                   |  | 2 460                                 |                         |                     |                             |  |  |
| TITLE  | SVPC   | ☐ Delete   | TITLE                         | EVA  | 2+CFO                                 |                         | <b>X</b> ∪          | Change                      | Addition                                     |  |
| NAME<br>STREET ADDRESS   | DICANDILO, MICHAEL D<br>1300 MORRIS DRIVE  |  | NAME<br>Street address        |  |                                       |                         |                     |                             |  |  |
| CITY-ST-ZIP  | CHESTERBROOK, PA 19087   |  | CITY+ST-ZIP                   |  |                                       |                         |                     |                             |  |  |
| TITLE  | VPCT   | ☐ Delete   | TITLE                         | <del> </del>                                 | ***********                           |                         |                     | Change                      | Addition                                     |  |
| NAME   | QUINN, J.F.  | CT Delete  | NAME                          |  |                                       |                         |                     | oyo                         | navitati                                     |  |
| STREET ADDRESS   | 1300 MORRIS DRIVE  |  | STREET ADDRESS                |  |                                       |                         |                     |                             |  |  |
| CITY-ST-ZIP  | CHESTERBROOK, PA 19087   |  | CITY-ST-ZIP                   |  |                                       |                         |                     |                             |  |  |
| 12. I hereby of  | certify that the information supplied with<br>on this report or supplemental report is | this filing does not qualify for t                           | the exemptions                | contained                                    | I in Chapter 119                      | ), Florida Statutes. I  | further certify tha | at the ir                   | nformation<br>or director                    |  |

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 any officers, with all other like ampowered.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2006