


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # F98000002162
1. Entity Name
TELEPHARMACY SOLUTIONS, INC.



Principal Place of Business 267 BOSTON ROAD STE. 27 N. BILLERICA, MA 01862	Mailing Address 1300 MORRIS DRIVE CHESTERBROOK, PA 19087
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DO NOT WRITE IN THIS SPACE



04032007 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3252233	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZIMMERMAN, ALLEN 1300 MORRIS DR CHESTERBROOK, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MITCHELL, STEPHEN R 1300 MORRIS DR CHESTERBROOK, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CHOU, JOHN 1300 MORRIS DR CHESTERBROOK, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HIRST, DANIEL T 1300 MORRIS DRIVE CHESTERBROOK, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPC DICANDILO, MICHAEL D 1300 MORRIS DRIVE CHESTERBROOK, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCT QUINN, J.F. 1300 MORRIS DRIVE CHESTERBROOK, PA 19087

U00000705603
04/23/07-80058-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Hirst 4/5/2007 610 727 7000

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