## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000002162



FILED May 02, 2008 8:00 am Secretary of State

05-02-2008 90138 018 \*\*\*150.00

| TELEPHARMACY SOLUTIONS, INC                    |   |       |             |                       |           |
|--|---|-------|-------------|-----------------------|-----------|
| Principal Place of Business                    | Mailing Address                             |       | 4000        | JJUU                  |           |
| 267 BOSTON ROAD<br>STE. 27                     | 1300 MORRIS DRIVE<br>Chesterbrook, pa 19087 |       |             |                       |           |
| N. BILLERICA, MA 01862                         | GIESTERDROOR, 1 A 15007                     |       | (1000000000 | BIGI (BIS BGIII BBIII | SCHI BEIN |
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address                          |       |             |                       |           |
| 1300 Morris Drive                              | 1300 Morris                                 | Drive |             | BYB! (BIN BRIII 481)  |           |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc.                         |       | 04152008    | Chg-P                 | С         |
|  |   |       |             |                       |           |

| N. DILLENON, MR. 01002                                      |   |                               |                           | ( 100 (100 11)2 (U(2) (10)3 U(3)) FU(4             |                    | AL TH <b>ere b</b> ased his |               |  |  |
|---|---|-------------------------------|---------------------------|--|--------------------|-----------------------------|---------------|--|--|
| Principal Place of Business - No P.O. Box # Mailing Address |   |                               |                           |  |                    |                             |               |  |  |
|   | momis Drive   | 1300 Mor                      | <u>ris Drive</u>          |  |                    |                             |               |  |  |
| Suite, Apt.   | #, etc.   | Suite, Apt. #, etc.           |                           | 04152008 Chg-P                                     | CR2E03             | 34 (12/06)                  |               |  |  |
| City & State  |   | City & State                  |                           | 4. FEI Number                                      |                    | Ar                          | oplied For    |  |  |
| _Ches   | sterbrook PA  | Chesterbro                    |                           | 04-3252233   |                    | No                          | ot Applicable |  |  |
| Zip   | Country   | Zip<br>1.4.687                | Country                   | 5. Certificate of Status Desire                    |                    | 88.75 Add                   |               |  |  |
| 1908  | 7 USA<br>6. Name and Address of Current F                   | 19087                         | USA                       | 7. Name and Address of Ne                          |                    | ee Require                  | .a<br>        |  |  |
|   | o. Name and Address of Current P                            | redistated Wilett             | Name                      | 7. Name and Address of Ne                          | w Kegistered X     | Gent                        |               |  |  |
| CT CORPORATION SYSTEM                                       |   |                               |                           |  |                    |                             |               |  |  |
| 1200 SOUTH PINE ISLAND RD                                   |   |                               | Street Ad                 | Street Address (P.O. Box Number is Not Acceptable) |                    |                             |               |  |  |
| PLANIAII  | ON, FL 33324  |                               | ļ———                      |  | M.07~              |                             |               |  |  |
|   |   |                               |                           |  |                    | T 7: 0                      |               |  |  |
|   |   |                               | City                      |  | FL                 | Zip Cod                     | е             |  |  |
|   | named entity submits this statement for                     | the purpose of changing its r | egistered office or       | registered agent, or both, in the State o          | f Florida. I am fe | amiliar with,               | and accept    |  |  |
| the obligat   | ions of registered agent.                                   |                               |                           |  |                    |                             |               |  |  |
| SIGNATURE_  |   |                               |                           |  |                    |                             |               |  |  |
|   | Signature, typed or printed name of registered agent a      | nd title if applicable. (NOTE | Registered Agent signatur | e required when reinstating)                       | DATE               |                             |               |  |  |
|   |   | 9. Election Campaig           | on Figuratina             | £5.00 5  |                    |                             |               |  |  |
|   | E NOW!!!  FEE IS \$150.00<br>ay 1, 2008 Fee will be \$550.0 |                               |                           | \$5.00 May Be<br>Added to Fees                     |                    |                             |               |  |  |
|   |   |                               |                           |  |                    |                             |               |  |  |
| 10.   | OFFICERS AND I  |                               | 11.                       | ADDITIONS/CHANGES TO                               | OFFICERS AND       |                             |               |  |  |
| TITLE   | P ZIMMEDMANI ALLEN  | ☐ Delete                      | TITLE                     | President  |                    | Change                      | Addition      |  |  |
| NAME<br>STREET ADDRESS                                      | ZIMMERMAN, ALLEN<br>1300 MORRIS DR                          |                               | NAME<br>STREET ADDRESS    | Peter Gilbert<br>1300 Morris Drive                 |                    |                             |               |  |  |
| CITY-ST-ZIP   | CHESTERBROOK, PA 19087                                      |                               |                           | Chesterbrook PA 19                                 |                    |                             |               |  |  |
| IRLE  | EVP   | ☐ Delete                      | TITLE                     | GIEST DIENE PATE                                   | <u>108 1</u>       | ☐ Change                    | Addition      |  |  |
| NAME  | MITCHELL, STEPHEN R   |                               | NAME                      |  |                    |                             |               |  |  |
| STREET ADDRESS  | 1300 MORRIS DR  |                               | STREET ADDRESS            |  |                    |                             |               |  |  |
| CITY-ST-ZIP   | CHESTERBROOK, PA 19087                                      |                               | CITY-ST-ZiP               |  |                    |                             |               |  |  |
| TITLE   | VPS   | ☐ Delete                      | TITLE                     | SUP, General Counselt                              | Secretary          | Change                      | Addition      |  |  |
| NAME  | CHOU, JOHN  |                               | NAME                      | John Chou<br>1300 mords Drive                      | _                  |                             |               |  |  |
| STREET ADDRESS  | 1300 MORRIS DR  |                               | STREET ADDRESS            |  | - B                |                             |               |  |  |
| CITY-ST-ZIP   | CHESTERBROOK, PA 19087                                      |                               | CITY-ST-ZIP               | Unesterlarook PA 19                                | 108.1              |                             | <u></u>       |  |  |
| TITLE   | AS  | ☐ Delete                      | TITLE                     |  |                    | ☐ Change                    | Addition      |  |  |
| NAME<br>STREET ADDRESS                                      | HIRST, DANIEL T<br>1300 MORRIS DRIVE                        |                               | NAME<br>STREET ADDRESS    |  |                    |                             |               |  |  |
| CITY-ST-ZIP   | CHESTERBROOK, PA 19087                                      |                               | CITY-ST-ZIP               |  |                    |                             |               |  |  |
| TITLE   | EVPC  | ☐ Delete                      | TITLE                     | EVP+CFO  |                    | Change                      | ☐ Addition    |  |  |
| NAME  | DICANDILO, MICHAEL D  |                               | NAME                      | Michael D. Dican                                   | d'ilo              |                             |               |  |  |
| STREET ADDRESS  | 1300 MORRIS DRIVE   |                               | STREET ADDRESS            | Michael D. Dican<br>1300 Morris Drive              |                    |                             |               |  |  |
| City-St-ZIP   | CHESTERBROOK, PA 19087                                      |                               | CITY-ST-ZIP               | Onesterbrook, PA 19                                | .087               |                             |               |  |  |
| TITLE   | VPCT  | ☐ Delete                      | THILE                     |  |                    | ☐ Change                    | Addition      |  |  |
| NAME  | QUINN, J.F.   |                               | NAME                      |  |                    |                             |               |  |  |
| STREET ADDRESS  | 1300 MORRIS DRIVE   |                               | STREET ADDRESS            |  |                    |                             |               |  |  |

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.

CITY-ST-ZIP

SIGNATURE:

CHESTERBROOK, PA 19087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR