2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002162

Entity Name: TELEPHARMACY SOLUTIONS, INC.

FILED Apr 24, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
1300 MORRIS DR CHESTERBROOK, PA 19087						
Current Mailing Address:			New Maili	New Mailing Address:		
1300 MORRIS DR CHESTERBROOK, PA 19087						
FEI Number: 04-3252233 FEI Number Applied For () FEI Number		umber Not Appl	icable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324 US						
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.						
SIGNATURE:						
Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () E GILBERT, PETER 1300 MORRIS DE CHESTERBROOK	र	Title: Name: Address: City-St-Zip:	P (X) Change () Addition ROSENBLUM, MICHAEL 1300 MORRIS DR CHESTERBROOK, PA 19087		
Title: Name: Address: City-St-Zip:	EVP () E MITCHELL, STEF 1300 MORRIS DI CHESTERBROOI	र	Title: Name: Address: City-St-Zip:	DEVP (X) Change () Addition DICANDILO, MICHAEL D 1300 MORRIS DR CHESTERBROOK, PA 19087		
Title: Name: Address: City-St-Zip:	SVSG () E CHOU, JOHN 1300 MORRIS DI CHESTERBROOI		Title: Name: Address: City-St-Zip:	DSGC (X) Change () Addition CHOU, JOHN G 1300 MORRIS DR CHESTERBROOK, PA 19087		
Title: Name: Address: City-St-Zip:	AS ()E HIRST, DANIEL T 1300 MORRIS DI CHESTERBROOI	RIVE	Title: Name: Address: City-St-Zip:	()Change()Addition		
Title: Name: Address: City-St-Zip:	EVCF () DICANDILO, MIC 1300 MORRIS DI CHESTERBROOI	RIVE	Title: Name: Address: City-St-Zip:	VPCT (X) Change () Addition QUINN, J.F. 1300 MORRIS DRIVE CHESTERBROOK, PA 19087		
Title: Name: Address: City-St-Zip:	VPCT (X) D QUINN, J.F. 1300 MORRIS DE CHESTERBROOK		Title: Name: Address: City-St-Zip:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL T. HIRST AS 04/24/2009