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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P26206** (3)  
VITALINK PHARMACY SERVICES, INC.

Principal Place of Business: 10750 COLUMBIA PIKE SILVER SPRING MD 20901  
Mailing Address: 10750 COLUMBIA PIKE SILVER SPRING MD 20901

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified: **09/27/1989**  
3a. Date of last Report: **05/01/1994**  
4. FEI Number: **37-0903482**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under Florida Statutes:  Yes  No

2. Principal Place of Business: 21 State App # etc: 22 City & State: 23  
2b. Mailing Address: 26 State App # etc: 27 City & State: 28  
24 City: 25 County: 29 City: 30 County:

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

81 Name:  
82 Street Address (P.O. Box Number is Not Acceptable):  
83  
84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0500 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with and accept the obligation set forth in 607.0500, Florida Statutes.

SIGNATURE

(Signature of person authorized to register agent, officer, director, or shareholder)

(Signature of registered agent or registered agent candidate)

(Date)

**12. OFFICERS AND DIRECTORS**

12.1 TITLE: CCEO	12.2 NAME: BAINUM, STEWART, JR.	12.3 STREET ADDRESS: 10750 COLUMBIA PIKE SILVER SPRING MD	12.4 CITY: MD
12.5 TITLE: VC	12.6 NAME: TOMASSO, DONALD C.	12.7 STREET ADDRESS: 10750 COLUMBIA PIKE SILVER SPRING MD	12.8 CITY: MD
12.9 TITLE: PCOO	12.10 NAME: DENARDO, DONNA L.	12.11 STREET ADDRESS: 10750 COLUMBIA PIKE SILVER SPRING MD	12.12 CITY: MD
12.13 TITLE: S	12.14 NAME: REMPE, JAMES H.	12.15 STREET ADDRESS: 10750 COLUMBIA PIKE SILVER SPRING MD	12.16 CITY: MD
12.17 TITLE: VPFO	12.18 NAME: MACOMBER, SCOTT T.	12.19 STREET ADDRESS: 10750 COLUMBIA PIKE SILVER SPRING MD	12.20 CITY: MD
12.21 TITLE: VC	12.22 NAME: TOMASSO, DONALD C.	12.23 STREET ADDRESS: 10750 COLUMBIA PIKE SILVER SPRING MD	12.24 CITY: MD

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:**

13.1 TITLE:	13.2 NAME:	13.3 STREET ADDRESS:	13.4 CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE:	13.6 NAME:	13.7 STREET ADDRESS:	13.8 CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE:	13.10 NAME:	13.11 STREET ADDRESS:	13.12 CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE:	13.14 NAME:	13.15 STREET ADDRESS:	13.16 CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.17 TITLE:	13.18 NAME:	13.19 STREET ADDRESS:	13.20 CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.21 TITLE:	13.22 NAME:	13.23 STREET ADDRESS:	13.24 CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0500, Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate, and that the signature shall have the same legal effect as if made under oath. That there is no officer or director of this corporation or the registered agent or shareholder empowered to execute this report as required by Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an attachment with an address.

SIGNATURE:

*Donald F. Hickey*  
MICROFORM AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

*Donald F. Hickey (301) 9084524*

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VITALINK PHARMACY SERVICES, INC.

Directors

Stewart Bainum, Jr., Donna L. DeNardo, Anil K. Gupta, Donald C. Tomasso, Marvin Wilensky, Harold Blumenkrantz, James A. MacCutcheon, James H. Rempe

Officers

Donald C. Tomasso	Chairman & Chief Executive Officer
Donna L. DeNardo	President & Chief Operating Officer
Vincent C. DiTrapano	Sr. VP, Operations
Scott T. Macomber	VP, Finance & Chief Financial Officer
James H. Rempe	Secretary
James A. MacCutcheon	Treasurer
Gerald F. Hickey	Assistant Treasurer
K. Peter Kemezys	Assistant Secretary

2/1/95