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FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: **10750 COLUMBIA PIKE SILVER SPRING MD 20901**
 Mailing Address: **10750 COLUMBIA PIKE SILVER SPRING MD 20901-4427**

3. Date Incorporated or Qualified: **09/27/1989** 3a. Date of Last Report: **05/01/1996**
 4. FEI Number: **37-0903482** Applied For: Not Applicable
 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 s 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **11355 DARNESTOWN RD. GAITHERSBURG, MD 20878-3200**
 2a. Mailing Address: **11355 DARNESTOWN RD. GAITHERSBURG, MD 20878-3200**
 21. Suite, Apt #, etc.
 22. City & State
 23. Zip
 24. Country

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
 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 607.0502 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
CCEO	BAINUM, STEWART, JR.	10750 COLUMBIA PIKE SILVER SPRING MD 20901		<input type="checkbox"/>
VC	TOMASSO, DONALD C.	10750 COLUMBIA PIKE SILVER SPRING MD 20901		<input type="checkbox"/>
PCOO	DENARDO, DONNA L.	10750 COLUMBIA PIKE SILVER SPRING MD 20901		<input type="checkbox"/>
S	REMPE, JAMES H.	10750 COLUMBIA PIKE SILVER SPRING MD 20901		<input type="checkbox"/>
VPFO	MACOMBER, SCOTT T.	10750 COLUMBIA PIKE SILVER SPRING MD 20901		<input type="checkbox"/>
VC	TOMASSO, DONALD C.	10750 COLUMBIA PIKE SILVER SPRING MD 20901		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
S as Attachment		11355 DARNESTOWN RD. GAITHERSBURG, MD 20878-3200		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Luft Cloman Date: _____ Daytime Phone #: _____

CR2E034 (9/96)