

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000002162

**Entity Name:** TELEPHARMACY SOLUTIONS, INC.

**Current Principal Place of Business:**

1300 MORRIS DR  
CHESTERBROOK, PA 19087

**Current Mailing Address:**

1300 MORRIS DR  
CHESTERBROOK, PA 19087

**FEI Number: 04-3252233**

**Certificate of Status Desired: No**

**Name and Address of Current 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

**Officer/Director Detail :**

Title P  
Name NEU, DAVID W  
Address 1300 MORRIS DR  
City-State-Zip: CHESTERBROOK PA 19087

Title DVP  
Name GUTTMAN, TIM G  
Address 1300 MORRIS DR  
City-State-Zip: CHESTERBROOK PA 19087

Title DSGC  
Name CHOU, JOHN G  
Address 1300 MORRIS DR  
City-State-Zip: CHESTERBROOK PA 19087

Title AS  
Name HIRST, DANIEL T  
Address 1300 MORRIS DRIVE  
City-State-Zip: CHESTERBROOK PA 19087

Title VPCT  
Name QUINN, J.F.  
Address 1300 MORRIS DRIVE  
City-State-Zip: CHESTERBROOK PA 19087

*I hereby 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 all other like empowered.*

**SIGNATURE: DANIEL T HIRST**

**ASSISTANT SECRETARY 04/03/2014**

Electronic Signature of Signing Officer/Director Detail

Date