

2006 LIMITED PARTNERSHIP ANNUAL REPORT**Due By May 1, 2006****DOCUMENT # B05000000121**1. Entity Name
PHARMACY HEALTHCARE SOLUTIONS, LTD.Principal Place of Business
1300 MORRIS DRIVE
CHESTERBROOK, PA 19087Mailing Address
P.O. BOX 959
VALLEY FORGE, PA 19482**FILED**

06 JUN 19 PM 3:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

03222006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business
1300 Morris Drive

Suite, Apt. #, etc.

3. Mailing Address
1300 Morris Drive

Suite, Apt. #, etc.

City & State
Chesterbrook PACity & State
Chesterbrook PAZip
19087Country
USAZip
19087Country
USA4. FEI Number
75-2661419Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**6. Name and Address of Current Registered Agent**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**12. GENERAL PARTNER INFORMATION**DOCUMENT # F05000001476
NAME VALUE APOTHECARIES, INC.
STREET ADDRESS 4811 MERIOT AVENUE, SUITE 110
CITY-ST-ZIP GRAPEVINE, TX 76051DOCUMENT #
NAME
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STREET ADDRESS
CITY-ST-ZIP**13. ADDRESS CHANGES ONLY**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

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CITY-ST-ZIP

200076400122
06/20/06--01077--003 **500.00

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #