

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B05000000121

FILED
Apr 23, 2009
Secretary of State

Entity Name: PHARMACY HEALTHCARE SOLUTIONS, LTD.

Current Principal Place of Business:

1300 MORRIS DRIVE
CHESTERBROOK, PA 19087

New Principal Place of Business:

1700 REISTERSTOWN ROAD
SUITE 206
BALTIMORE, MD 21208

Current Mailing Address:

P.O. BOX 959
VALLEY FORGE, PA 19482

New Mailing Address:

1300 MORRIS DRIVE
CHESTERBROOK, PA 19087

FEI Number: 75-2661419

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

GENERAL PARTNER INFORMATION:

Document #: F05000001476
Name: VALUE APOTHECARIES, INC.
Address: 4811 MERLOT AVENUE, SUITE 110
City-St-Zip: GRAPEVINE, TX 76051

ADDRESS CHANGES ONLY:

Address: 4811 MERLOT AVENUE, SUITE 110
City-St-Zip: GRAPEVINE, TX 76051

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 is true and accurate and that my electronic 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: DANIEL T. HIRST

AS

04/23/2009

Electronic Signature of Signing General Partner

Date