

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B05000000121

**FILED**  
**Feb 09, 2010**  
**Secretary of State**

**Entity Name:** PHARMACY HEALTHCARE SOLUTIONS, LTD.

**Current Principal Place of Business:**

1700 REISTERSTOWN ROAD  
SUITE 206  
BALTIMORE, MD 21208

**New Principal Place of Business:**

1300 MORRIS DRIVE  
CHESTERBROOK, PA 19087

**Current Mailing Address:**

1300 MORRIS DRIVE  
CHESTERBROOK, PA 19087

**New Mailing Address:**

**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: 1300 MORRIS DRIVE  
City-St-Zip: CHESTERBROOK, PA 19087

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby 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

02/09/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date