

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001185

FILED
Jan 12, 2004
Secretary of State

Entity Name: HOMECALL PHARMACEUTICAL SERVICES, INC.

Current Principal Place of Business:

4 TAFT CT.
ROCKVILLE, MD 20850

New Principal Place of Business:

Current Mailing Address:

4 TAFT CT.
ROCKVILLE, MD 20850

New Mailing Address:

FEI Number: 52-1638210

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MURDZA, GRETCHEN
Address: 4 TAFT CT.
City-St-Zip: ROCKVILLE, MD 20850

Title: VP () Delete
Name: BURRUSS, ROYCE
Address: 4 TAFT CT.
City-St-Zip: ROCKVILLE, MD 20850

Title: S () Delete
Name: PAVLOS, SHARON
Address: 4 TAFT CT.
City-St-Zip: ROCKVILLE, MD 20850

Title: T () Delete
Name: DILLON, PAUL
Address: 4 TAFT CT.
City-St-Zip: ROCKVILLE, MD 20850

Title: D () Delete
Name: BARBERA, THOMAS P
Address: 4 TAFT CT.
City-St-Zip: ROCKVILLE, MD 20850

Title: VPD (X) Delete
Name: BURRUSS, THOMAS P
Address: 4 TAFT CT.
City-St-Zip: ROCKVILLE, MD 20850

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CEO (X) Change () Addition
Name: BARBERA, THOMAS P
Address: 4 TAFT CT.
City-St-Zip: ROCKVILLE, MD 20850

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHARON C. PAVLOS

SEC

01/12/2004

Electronic Signature of Signing Officer or Director

Date