2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# F03000001185

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: T (X) Change ( ) Addition
Name: OBERRENDER, ROBERT
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343

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

Title: DIR ( ) Change (X) Addition
Name: SHEEHY, ROBERT J
Address: 5901 LINCOLN DRIVE
City-St-Zip: EDINA, MN 55436

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. 04/27/2005

Electronic Signature of Signing Officer or Director — Date