

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001185

FILED
Mar 30, 2011
Secretary of State

Entity Name: HOMECALL PHARMACEUTICAL SERVICES, INC.

Current Principal Place of Business:

800 KING FARM BOULEVARD
ROCKVILLE, MD 20850

New Principal Place of Business:

800 KING FARM BOULEVARD
SUITE #600
ROCKVILLE, MD 20850

Current Mailing Address:

C/O NANCY WASKOSKY (MN008-T502)
9900 BREN ROAD EAST
MINNETONKA, MN 55343

New Mailing Address:

800 KING FARM BOULEVARD
SUITE #600
ROCKVILLE, MD 20850

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

OFFICERS AND DIRECTORS:

Title: D/P
Name: RAMEY, CATHERINE F
Address: 800 KING FARM BOULEVARD, SUITE #600
City-St-Zip: ROCKVILLE, MD 20850

Title: SEC
Name: PAVLOS, SHARON COX
Address: 800 KING FARM BOULEVARD, SUITE #600
City-St-Zip: ROCKVILLE, MD 20850

Title: TREA
Name: OBERRENDER, ROBERT WORTH
Address: 800 KING FARM BOULEVARD, SUITE #600
City-St-Zip: ROCKVILLE, MD 20850

Title: VP
Name: BURRUSS, ROYCE
Address: 800 KING FARM BOULEVARD, SUITE #600
City-St-Zip: ROCKVILLE, MD 20850

Title: DIR
Name: BARBERA, THOMAS PETER
Address: 800 KING FARM BOULEVARD, SUITE #600
City-St-Zip: ROCKVILLE, MD 20850

Title: DIR
Name: CUDDY, KAREN ANN
Address: 800 KING FARM BOULEVARD, SUITE #600
City-St-Zip: ROCKVILLE, MD 20850

I hereby 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 all other like empowered.

SIGNATURE: MANDELINE HENDRICKS

POA

03/30/2011

Electronic Signature of Signing Officer or Director

Date