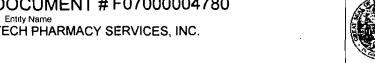
2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # F07000004780 1. Entity Name TECH PHARMACY SERVICES, INC.

FILED Mar 28, 2008 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

Principal Place of Business

900 WEST LOOP SOUTH SUITE 100 HOUSTON, TX 77054

Mailing Address

900 WEST LOOP SOUTH SUITE 100 HOUSTON, TX 77054



03072008

No Chg-P

CR2E034 (11/05)

4. FEI Number 36-4504849

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

			Fee Required	
6. Name and Address of Current Registered Agent				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			DO NOT WRITE IN THIS SPACE	
8. 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. I am familiar with, and accept				
the obligations of registered agent.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating): OATE				
The first of the f				
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		 Election Campaign Finar Trust Fund Contribution. 	\$5.00 May Be Added to Fees	U00000872177 04/10/08-80027-021 150.00
10.	OFFICERS AND DIREC	CTORS		
INTLE	CFO		1	
NAME	TYLER, JON R			
STREET ADDRESS	900 WEST LOOP SOUTH #100			
CITY-ST-ZIP	HOUSTON, TX 77054			
TITLE	PCEO		. 5 4	
NAME	BARR, DAVID C			
STREET ADDRESS CITY-ST-ZIP	900 WEST LOOP SOUTH #100 HOUSTON, TX 77054		•	:
	CD CD			,
TITLE NAME	MONCRIEF, JAMES W			ا استان المستان
STREET ADDRESS	900 WEST LOOP SOUTH #100			
CITY-ST-ZIP	HOUSTON, TX 77054		טט נ	NOT WRITE
TITLE	D .		l ini	THIS SPACE
NAME	JENSEN, JEFFREY J		118	I MIS SPACE
STREET ADDRESS	900 WEST LOOP SOUTH #100			i.
CITY-ST-ZIP	HOUSTON, TX 77054]	
TITLE	P		1	
NAME	CHANDO, TOM		the second second	
STREET ADDRESS	900 WEST LOOP SOUTH #100			•
CITY-ST-ZIP	HOUSTON, TX 77054			
TITLE NAME	D NAMELIANAS BULL			·
STREET ADDRESS	WILLIAMS, BILL 900 WEST LOOP SOUTH #100			,
CITY-ST-ZIP	HOUSTON, TX 77054		'	
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 emonwered to execute this report as required by Chapter 607. Florida Statutes: and that my rame appears in Block 10 or Block 11 or Blo				

changed, or on an attachment with an address

SIGNATURE: