FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1996 MAY 20 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000005969

1. Corporation Name
ASCO Healthcare, Inc.

Principal Place of Business — Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/7/95
3a. Date of Last Report:

4. FEI Number: 52-0816305 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 9036 Junction Drive	26 148 West State St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Annapolis Junction, MD.	City & State 28 Kennett Square, PA.
Zip 24 20701-1152 Country 25	Zip 29 19348 Country 30

9. Name and Address of Current Registered Agent

C. T. Corporation System
1200 South Pine Island Road
Plantation, FL. 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	President	1.1 TITLE ☐ Change ☐ Addition
NAME	Mary Ann Miller	1.2 NAME
STREET ADDRESS	148 West State Street	1.3 STREET ADDRESS
CITY-ST-ZIP	Kennett Square, PA. 19348	1.4 CITY-ST-ZIP
TITLE	Vice President	2.1 TITLE ☐ Change ☐ Addition
NAME	James V. McKeon	2.2 NAME
STREET ADDRESS	148 West State Street	2.3 STREET ADDRESS
CITY-ST-ZIP	Kennett Square, PA. 19348	2.4 CITY-ST-ZIP
TITLE	Secretary	3.1 TITLE ☐ Change ☐ Addition
NAME	Ira C. Gubernick	3.2 NAME
STREET ADDRESS	148 West State Street	3.3 STREET ADDRESS
CITY-ST-ZIP	Kennett Square, PA. 19348	3.4 CITY-ST-ZIP
TITLE	Treasurer	4.1 TITLE ☐ Change ☐ Addition
NAME	Kenneth R. Kuhnle	4.2 NAME
STREET ADDRESS	148 West State Street	4.3 STREET ADDRESS
CITY-ST-ZIP	Kennett Square, PA. 19348	4.4 CITY-ST-ZIP
TITLE	Director	5.1 TITLE ☐ Change ☐ Addition
NAME	Michael R. Walker	5.2 NAME
STREET ADDRESS	148 West State Street	5.3 STREET ADDRESS
CITY-ST-ZIP	Kennett Square, PA. 19348	5.4 CITY-ST-ZIP
TITLE	Director	6.1 TITLE ☐ Change ☐ Addition
NAME	Richard R. Howard	6.2 NAME
STREET ADDRESS	148 West State Street	6.3 STREET ADDRESS
CITY-ST-ZIP	Kennett Square, PA. 19348	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J McKeon — Date: 5/7/96 — Daytime Phone #: (610) 444-6350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James V. McKeon, Vice President