FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9500005969 (9)

FILED Apr 15 1998 8:00am Secretary of State

ASCO	HEALTHCARE, INC.						20 00 2010 01112 17	
Principal Plac	e of Business	Mailing Address					Obili objet elile je	// DAME
9036 JUNCTI								
9036 JUNCTION ORIVE 148 WEST STATE ST. ANNAPOLIS JUNCTION MD 20701-1152 KENNETH SQUARE PA 183								
						DO NOT WRITE IN	N THIS SPACE	
ļ						3. Date Incorporated or Qualified		
	15	Las Marie Anti-				12/07/1995		T
	lace of Business	2a. Mailing Address				4. FEI Number	 	Applied For
Suite, Apt.	# 610	Suite, Apt. #, etc.				52-0816305		Not Applicable
22 27						5. Certificate of Status Desired		75 Additional se Required
City & Stat	8	City & State				6. Election Campaign Financing		.00 May Be
23		28						ided to Fees
Ζιρ	Country	Zip	Country			8. This corporation owes or has paid		
24	25	293	30			Personal Property Tax due June 3		☐ No
	g, Name and Address of Currer					10. Name and Address of New Regi	stered Agent	
C.	T CORPORATION SYSTEM		81	Name				_
1200 SOUTH PINE ISLAND ROAD				Street	Addres	ss (P.O. Box Number is Not Acceptable	<u> </u>	
PL	ANTATION FL 33324		62				<u> </u>	
			83					
			84	City			85	Zip Code
				•			FLII	· i
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the above	-named	corpo	ration submits this statement for the pur n's board of directors. I hereby accept	pose of chang	ing its registered
agent. La	m familiar with, and accept the oblig	ations of, Section 607.0505, Flori	ida Statutes	rume com S.	porado	it's board of directors. I hereby accept	me appointmen	ii as registereo
SIGNATURE								
	Signature, typed or printed name of registered age			nt signature	e required	when reinstating)	DATE	
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE		
TITLE	P	DELETE	1.1 TITLE			nor Vice President	☐ Cha	inge 🖾 Addition
NAME	MILLER, MARY ANN		1.2 NAME		60	ovge V. Hager, Jr.		
STREET ADDRESS	148 WEST STATE STREET		1.3 STREET		148	W. State St. inct Square, PA 1934	(7)	
CITY-ST-ZIP						nett square, 1934	□ Cha	nge Addition
TITLE	**	☐ DECEIE	21 TITLE			•	<u> </u> Спа	nge 🗀 waaann
NAME	MCKEON, JAMES V		2.2 NAME					
STREET ADDRESS	148 WEST STATE STREET		2.3 STREET		\	•	• •	
CITY-ST-ZIP TITLE	KENNETT SQUARE PA 1934	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		-		Cha	nge Addition
NAME	GUBERNICK, IRA C	□ beter		3.2 NAME			UII0	ngo Li noullion
	148 WEST STATE STREET		3.3 STREET ADORESS]			
STREET ADORESS	KENNETT SQUARE PA 1934	8	3.4. CITY-ST-ZIP		1			
CITY-ST-ZIP TITLE	T	DELETE	4.1 TITLE		 -		Cha	inge Addition
NAME	KUHNLE, KENNETH R		4.2 NAME					
STREET ADDRESS	148 WEST STATE STREET		4.3 STREET ADDRESS					
CITY-ST-ZIP	KENNETT SQUARE PA 1934	R	4.4 CITY-ST-ZIP		1			
TITLE	D	☐ DELETE	5.1 TITLE		-		☐ Cha	nge Addition
NAME .	WALKER, MICHAEL R		5.2 NAME]			
STREET ADDRESS	148 WEST STATE STREET		53 STREET	ADDRESS	İ			
CITY - ST - ZIP	KENNETT SQUARE PA 1934	8	5.4 City-St-Zip		1			ı
TITLE	D	DELETE	6.1 TITLE				☐ Cha	inge Addition
NAME	HOWARD, RICHARD R		6.2 NAME					
STREET ADDRESS	148 WEST STATE STREET		6.3 STREET	ADDRESS				J
CITY-ST-ZIP	KENNETT SQUARE PA 1934	R	6.4 CITY-S		1			ı
					l od in C	ection 119 07/3Vi) Florida Statutes Itu	other continue	t the information

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Sulfant HI RI CHUR

3/27/98

610-444-6350