## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

|   | AIIIIOAE  |                                    |                                |  | 1                       |                           | -           | 1                                 |                   |
|---|---|------------------------------------|--------------------------------|--|-------------------------|---------------------------|-------------|-----------------------------------|-------------------|
| DOCUMENT # F95000005969   |   |                                    |                                |  |                         |                           | * * * *     | •                                 |                   |
| 1. Entity Name ASCO HEALTHCARE, INC.  |   |                                    |                                |  | 05 JUN 27 PN 12: 46     |                           |             |                                   |                   |
|   |   |                                    |                                | TIP TO   |                         |                           |             |                                   |                   |
| Principal Plac  | e of Rusiness   | Mailing Address                    |                                |  |                         |                           | <br>. : : , | ์ เป็น                            | •                 |
| Principal Place of Business Mailing Address  101 EAST STATE STREET 101 EAST STATE STREET  |   |                                    |                                |  |                         |                           |             |                                   |                   |
| KËNNETT SQUARE, PA 19348 US KËNNETT SQUARE, PA 19348  |   |                                    |                                |  |                         |                           |             |                                   |                   |
|   |   |                                    |                                |  |                         |                           |             |                                   |                   |
| 2. Principal Place of Business (001 East Fratt Street LOOI East Pratt S   |   |                                    |                                | <u> </u>   |                         |                           |             |                                   |                   |
| Suite, Apt. #, etc. Suite, Apt. #, etc.   |   |                                    |                                |  | 06222005                | Chg-P                     | CR2E0       | 34 (10/03)                        | <sub>D</sub> 5    |
| Third Floor City & State City & State   |   |                                    | 1                              |  | 4. FEI Numb             | er er                     |             |                                   | plied For         |
| Baltimore, MD Baltimore, M  |   |                                    | MD                             |  | 52-081                  |                           |             | No                                | t Applicable      |
| Zip<br>212  | -02 Country   | 21202                              | Country                        |  | 5. Certificate          | of Status Desired         |             | <b>\$8.75</b> Add<br>Fee Required |                   |
| 6. Name and Address of Current Registered Agent   |   |                                    |                                | 7. Name and Address of New Registered Agent Name   |                         |                           |             |                                   |                   |
| C T CORPORATION SYSTEM  |   |                                    |                                |  |                         |                           |             |                                   |                   |
| 1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324   |   |                                    |                                | Street Address (P.O. Box Number is Not Acceptable) |                         |                           |             |                                   |                   |
| PLANTATION, PL 35324  |   |                                    |                                |  |                         |                           |             |                                   |                   |
|   |   |                                    | City                           |  |                         |                           | FL          | Zip Code                          | à                 |
|   | named entity submits this statement for tions of registered agent       | the purpose of changing its re-    | gistered office o              | x register   | ed agent, or bo         | th, in the State of Flori | ida. I am f | amiliar with,                     | and accept        |
| the obligations of registered agent.  |   |                                    |                                |  |                         |                           |             |                                   |                   |
| SIGNATURE 40057344194 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when residence) 12/05-01033-098 **550.00   |   |                                    |                                |  |                         |                           |             |                                   |                   |
| FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be  |   |                                    |                                |  |                         |                           |             |                                   |                   |
| Due by September 7, 2005  Trust Fund Contribution.  Jacob May Be  |   |                                    |                                |  |                         |                           |             |                                   |                   |
| 10.   | OFFICERS AND D  | I<br>DIRECTORS                     | 11.                            |  |                         | CHANGES TO OFFIC          | CERS AND    | DIRECTORS                         | 3 IN 11           |
| TITLE<br>NAME   | P<br>SMITH, ROBERT  | ☐ Delete                           | TITLE<br>NAME                  | Chie   | f Operat                | ing Officer               |             | Change                            | Addition          |
| STREET ADDRESS  | 7 EAST LEE STREET   |                                    | STREET ADDRESS                 | 1001   | ient Smi<br>East Pro    | אין אינכיד                |             |                                   |                   |
| CITY-ST-ZIP   | BALTIMORE, MD 21202   |                                    | CITY-ST-ZIP                    | Ball   | himore, 1               | 2021S OM                  |             |                                   |                   |
| TITLE<br>NAME   | SVP<br>MCKEON, JAMES V  | <b>≥X</b> Delete                   | TITLE<br>NAME                  | Chair  | man, Hes<br>n J. Arb    | s.,CEO, Direi<br>Ha       | ctor        | ☐ Change                          | Addition          |
| STREET ADORESS  | 101 EAST STATE STREET   |                                    | STREET ADDRESS                 | 1001   | East Pra                | H Street                  |             |                                   |                   |
| CITY-ST-ZIP   | KENNETT SQUARE, PA 19348<br>S   | <b>∑</b> Delete                    | CITY-ST-ZIP                    |  |                         | SOSIS AM                  |             | ☐ Change                          | Addition          |
| NAME .  | WANKMILLER, JAMES J   | Delete                             | NAME                           | Toby   | cutive<br>Kocda         | <b>⊈</b> \ .              |             | ☐ cisufe                          | MODILION          |
| STREET ADDRESS<br>CITY-ST-ZIP   | 101 EAST STATE STREET<br>KENNETT SQUARE, PA 19348                       |                                    | STREET ADDRESS<br>CITY-ST-ZIP  | 1001 E   | ast Prot                | t'skeet<br>MD 21202       |             |                                   | :                 |
| TITLE   | T   | <b>⊠</b> Delete                    | TITLE                          |  |                         | rcial Office              | <u></u>     | ☐ Change                          | (Addition         |
| NAME  | HAUSWALD, BARBARA J   |                                    | NAME<br>CLOSES ADDRESS         | Rich   | hard W.                 | Hunt                      | •           |                                   |                   |
| STREET ADDRESS<br>CITY-ST-ZIP   | 101 EAST STATE STREET<br>KENNETT SQUARE, PA 19348                       |                                    | STREET ADDRESS<br>CITY-ST-ZIP  | 601  | Last Pr<br>Honore       | att Sheet<br>MD 2120      | 22          |                                   |                   |
| TITLE   | CFO   | <b>≥</b> Delete                    | TITLE                          | Sr.V   | .P. Gene                | eral Counsel, '           |             | Change                            | Addition          |
| NAME<br>STREET ADDRESS  | HAGER, GEORGE<br>101 EAST STATE STREET                                  |                                    | STREET ADDRESS                 | 1901   | F. Gait                 | her, Jr.<br>H. Street     |             | 0,0"                              | 6610              |
| CITY-ST-ZIP   | KENNETT SQUARE, PA 19348  | _                                  | CITY-ST-ZIP                    | Bal  | +more,                  | SOSIS AM                  | ·_          |                                   |                   |
| TITLE<br>NAME   | CEO<br>FISH, ROBERT   | Delete                             | TITLE<br>NAME                  |  | v.P.<br>ntan <u>A</u> i | des                       |             | ☐ Change                          | <b>☑</b> Addition |
| STREET ADDRESS  | 101 EAST STATE STREET   |                                    | STREET ADDRESS                 | 100  | East P                  | ratt Street               | _           |                                   |                   |
| CITY-ST-ZIP   | KENNETT SQUARE, PA 19348 certify that the information supplied with the | his filing does not qualify for th | CITY-ST-ZIP<br>e exemption sta |  | +more,                  |                           |             | ify that the in                   | formation         |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statules. 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 this tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all others. |   |                                    |                                |  |                         |                           |             |                                   |                   |
|   |   |                                    |                                |  |                         |                           |             |                                   |                   |
| SIGNATURE: John F. Gaither, Jr. 10/22/05 40-528-7300 Daylore Proces   |   |                                    |                                |  |                         |                           |             |                                   |                   |
|   | SIGNATURE AND TYPED OR PRI  | INTED NAME OF SIGNING OFFICER OR   | DIRECTOR                       |  |                         | Date                      | D.          | aytime Phone #                    |                   |

## J015

## Officers continued

## Document # F95000005969

SVP Michael Azzaro 601 East Pratt Street Baltimore, Maryland 21202

SVP Robert Dunlap 601 East Pratt Street Baltimore, Maryland 21202

SVP Steve Duvall 601 East Pratt Street Baltimore, Maryland 21202

SVP Charles Feeney 601 East Pratt Street Baltimore, Maryland 21202

SVP Greg Light 601 East Pratt Street Baltimore, Maryland 21202

SVP Nancy Losben 601 East Pratt Street Baltimore, Maryland 21202 SVP Walt Meffert 601 East Pratt Street Baltimore, Maryland 21202

SVP Charles Porter 601 East Pratt Street Baltimore, Maryland 21202

SVP Jeffrey Schneider 601 East Pratt Street Baltimore, Maryland 21202

SVP Sam Veltri 601 East Pratt Street Baltimore, Maryland 21202

SVP Kathleen Ayres 601 East Pratt Street Baltimore, Maryland 21202