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Apr 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000001416 (4)

1. Corporation Name
PATIENT CARE PHARMACY, INC.

Principal Place of Business
10065 RED RUN BOULEVARD
OWINGS MILLS MD 21117

Mailing Address
10065 RED RUN BOULEVARD
OWINGS MILLS MD 21117-4827



| | |
|---|--------------------------------|
| 3. Date Incorporated or Qualified 03/20/1996 | 3a. Date of Last Report |
| 4. FEI Number 95-3888200 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Country |
| 24 | 29 |

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 _____
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|-------------------------|
| TITLE | PD |
| NAME | CIRKA, LAWRENCE P |
| STREET ADDRESS | 10065 RED RUN BOULEVARD |
| CITY - ST - ZIP | OWINGS MILLS MD 21117 |
| TITLE | V |
| NAME | CHICHESTER, DAVID N |
| STREET ADDRESS | 10065 RED RUN BOULEVARD |
| CITY - ST - ZIP | OWINGS MILLS MD 21117 |
| TITLE | V |
| NAME | CAHILL, DENNIS A |
| STREET ADDRESS | 10065 RED RUN BOULEVARD |
| CITY - ST - ZIP | OWINGS MILLS MD 21117 |
| TITLE | V |
| NAME | DAVIDSON, BRIAN K |
| STREET ADDRESS | 10065 RED RUN BOULEVARD |
| CITY - ST - ZIP | OWINGS MILLS MD 21117 |
| TITLE | SDV |
| NAME | ELKINS, MARSHALL A |
| STREET ADDRESS | 10065 RED RUN BOULEVARD |
| CITY - ST - ZIP | OWINGS MILLS MD 21117 |
| TITLE | V |
| NAME | KOMP, EDWARD J |
| STREET ADDRESS | 10065 RED RUN BOULEVARD |
| CITY - ST - ZIP | OWINGS MILLS MD 21117 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|------------------------|
| 1.1 TITLE | C.A.O. |
| 1.2 NAME | W. Bradley Bennett |
| 1.3 STREET ADDRESS | 10065 Red Run Blvd. |
| 1.4 CITY - ST - ZIP | OWINGS MILLS, MD 21117 |
| 2.1 TITLE | Vice President |
| 2.2 NAME | Mark L. Fulchino |
| 2.3 STREET ADDRESS | 10065 Red Run Blvd. |
| 2.4 CITY - ST - ZIP | OWINGS MILLS, MD 21117 |
| 3.1 TITLE | Secretary |
| 3.2 NAME | Marc B. Levin |
| 3.3 STREET ADDRESS | 10065 Red Run Blvd. |
| 3.4 CITY - ST - ZIP | OWINGS MILLS, MD 21117 |
| 4.1 TITLE | |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I do hereby 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: Mark Fulchino Mark Fulchino 02/22/97 (410) 998-8570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)