

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

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90043 004 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F97000006246

1. Corporation Name
PROFESSIONAL PHARMACY SERVICES, INC.



Principal Place of Business Mailing Address
 7 E. LEE ST 148 W STATE ST
 BALTIMORE MD 21202 ATTN: TAX DEPT
 KENNETT SQUARE PA 19348
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **7 E. Lee Street**

2a. Mailing Address
 26 **101 East State St.**

3. Date Incorporated or Qualified
11/25/1997

4. FEI Number **23-2847488**
 Applied For
 Not Applicable

22 City & State
Baltimore, MD

27 City & State
Kennett Square, PA

5. Certificate of Status Desired **\$8.75** Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 Zip **21202** 25 Country **USA**

29 Zip **19348** 30 Country **USA**

8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD <input type="checkbox"/> DELETE	1.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, MICHAEL R	1.2 NAME	
STREET ADDRESS	148 W. STATE ST	1.3 STREET ADDRESS	101 East State Street
CITY-ST-ZIP	KENNETT SQUARE PA 19348	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, RICHARD R	2.2 NAME	
STREET ADDRESS	148 W. STATE ST	2.3 STREET ADDRESS	101 East State Street
CITY-ST-ZIP	KENNETT SQUARE PA 19348	2.4 CITY-ST-ZIP	
TITLE	COOV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VPI Corporate Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARR, DAVID C	3.2 NAME	James V. McKeon
STREET ADDRESS	148 W. STATE ST	3.3 STREET ADDRESS	101 East State Street
CITY-ST-ZIP	KENNETT SQUARE PA 19348	3.4 CITY-ST-ZIP	Kennett Square, PA 19348
TITLE	C <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOSKOWITZ, MILTON S	4.2 NAME	Barbara J. Hauswald
STREET ADDRESS	7130 MINSTREL WAY, SUITE 215	4.3 STREET ADDRESS	101 East State Street
CITY-ST-ZIP	COLUMBIA MD 21045	4.4 CITY-ST-ZIP	Kennett Square, PA 19348
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	BRONFEIN, MICHAEL G	5.2 NAME	
STREET ADDRESS	7 E. LEE ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD 21202	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	ADES, STANTON G	6.2 NAME	
STREET ADDRESS	7 E. LEE ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD 21202	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/99 610-444-6350
 Date Daytime Phone #

CR2E034 (11/98)