

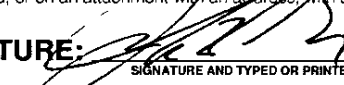


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

1 of 2

<b>DOCUMENT # F97000006246</b> 1. Entity Name <b>PROFESSIONAL PHARMACY SERVICES, INC.</b>						<b>FILED</b> 05 JUL 19 PM 3:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>601 EAST PRATT STREET BALTIMORE, MD 21202</b>		Mailing Address <b>601 EAST PRATT STREET BALTIMORE, MD 21202</b>					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b> <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <div style="text-align: center; border: 1px solid black; padding: 2px;"> <b>500058535565</b>  <small>08/12/05--01059--011 **550.00</small> </div> City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees				
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ARLOTTA, JOHN J 601 EAST PRATT STREET BALTIMORE, MD 21202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/P/D ArloTTA, John J. 601 E. Pratt St. Baltimore, MD 21202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO SMITH, ROBERT 601 EAST PRATT STREET BALTIMORE, MD 21202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ades Stanton 601 E. Pratt St. Baltimore, MD 21202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HUNT, RICHARD W 601 EAST PRATT STREET BALTIMORE, MD 21202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Azzaro, Michael 601 E. Pratt St. Baltimore, MD 21202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KORDASH, JOHN 601 EAST PRATT STREET BALTIMORE, MD 21202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kordash, John 601 E. Pratt St. Baltimore, MD 21202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAITHER, JOHN F 601 EAST PRATT STREET BALTIMORE, MD 21202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	v/s/d Gaither, John F. 601 E. Pratt St. Baltimore, MD 21202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AYRES, KATHLEEN 601 EAST PRATT STREET BALTIMORE, MD 21202	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dunlap, Robert 601 E. Pratt St. Baltimore, MD 21202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
12. 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 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 trustee 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 other like empowered.							
<b>SIGNATURE:</b> 			<b>John F. Gaither, Jr.</b>			Date: <b>7/12/05</b>	Daytime Phone #: <b>410-528-7300</b>

207-2

**Additional Officers:**

V

Duvall, Steve  
601 East Pratt Street  
Baltimore, Maryland 21202

V

Feeney, Charles  
601 East Pratt Street  
Baltimore, Maryland 21202

V

Light, Greg  
601 East Pratt Street  
Baltimore, Maryland 21202

V

Losben, Nancy  
601 East Pratt Street  
Baltimore, Maryland 21202

V

Schneider, Jeff  
601 East Pratt Street  
Baltimore, Maryland 21202

V

Veltri, Sam  
601 East Pratt Street  
Baltimore, Maryland 21202