

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90302 020 \*\*\*150.00

057026 AT

**DOCUMENT # F98000004102**  
**1. Entity Name**  
**NEIGHBORCARE PHARMACY SERVICES, INC.**

<b>Principal Place of Business</b> 101 EAST STATE STREET KENNETT SQUARE PA 19348 US	<b>Mailing Address</b> 101 EAST STATE STREET KENNETT SQUARE PA 19348 US
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

<b>4. FEI Number</b> 23-2963282	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**   
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.**  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, MICHAEL R	
STREET ADDRESS	101 EAST STATE STREET	
CITY-ST-ZIP	KENNETT SQUARE PA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HOWARD, RICHARD R	
STREET ADDRESS	101 EAST STATE STREET	
CITY-ST-ZIP	KENNETT SQUARE PA	
TITLE	V	<input type="checkbox"/> Delete
NAME	HAGER JR, GEORGE V	
STREET ADDRESS	101 EAST STATE STREET	
CITY-ST-ZIP	KENNETT SQUARE PA	
TITLE	S	<input type="checkbox"/> Delete
NAME	WANKMILLER, JAMES J	
STREET ADDRESS	101 EAST STATE STREET	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	
TITLE	VCC	<input type="checkbox"/> Delete
NAME	MCKEON, JAMES V	
STREET ADDRESS	101 EAST STATE STREET	
CITY-ST-ZIP	KENNETT SQUARE PA	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOUSWALD, BARBARA J	
STREET ADDRESS	101 EAST STATE STREET	
CITY-ST-ZIP	KENNETT SQUARE PA 19348	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	N	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN F.X. FUREY	
STREET ADDRESS	101 EAST STATE STREET	
CITY-ST-ZIP	KENNETT SQUARE, PA 19348	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *John F.X. Furey* **JOHN F.X. FUREY** **APR 17 2002** **610-444-6350**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)