


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90183 049 \*\*\*150.00

<b>DOCUMENT # P07284</b> 1. Entity Name <b>INSTA-CARE PHARMACY SERVICES CORPORATION</b>					
Principal Place of Business <b>1300 MORRIS DRIVE</b> <b>CHESTERBROOK, PA 19087 US</b>			Mailing Address <b>1300 MORRIS DRIVE</b> <b>CHESTERBROOK, PA 19087 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1300 Morris Drive</b> Suite, Apt. #, etc.			3. Mailing Address <b>1300 Morris Drive</b> Suite, Apt. #, etc.		
City & State <b>Chesterbrook PA</b>		City & State <b>Chesterbrook PA</b>		4. FEI Number <b>59-1817412</b>	
Zip <b>19087</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND RD.</b> <b>PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <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. 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 \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</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	P/D SHIELDS, WILLIAM G 1300 MORRIS DRIVE CHESTERBROOK, PA 19087	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP WEIDNER, DAVID 1300 MORRIS DRIVE CHESTERBROOK, PA 19087	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CHOU, JOHN 1300 MORRIS DRIVE CHESTERBROOK, PA 19087	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS GRENHALL, RICHARD M 1300 MORRIS DRIVE CHESTERBROOK, PA 19087	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HIRST, DANIEL T 1300 MORRIS DRIVE CHESTERBROOK, PA 19087	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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> <u><i>Daniel T. Hirst</i></u>			4/5/2007 610 717-7000		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

40067876



04022007 Chg-P CR2E034 (12/06)