

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91088 006 ***150.00

DOCUMENT # P07284
1. Entity Name Insta-Care Pharmacy Services Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1300 Morris Drive Suite, Apt. #, etc.	3. Mailing Address 1300 Morris Drive Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Chesterbrook, PA	City & State Chesterbrook, PA	4. FEI Number 59-1817412	Applied For <input type="checkbox"/> Not Applicable
Zip 19087	Country USA	Zip 19087	Country USA

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name CT Corporation
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road
City Plantation
State FL
Zip Code 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE President	NAME Charles J. Carpenter	TITLE	
STREET ADDRESS 1300 Morris Drive		NAME	
CITY - ST - ZIP Chesterbrook, PA 19087		STREET ADDRESS	
TITLE Senior VP & CFO	NAME David Weidner	TITLE	
STREET ADDRESS 1300 Morris Drive		NAME	
CITY - ST - ZIP Chesterbrook, PA 19087		STREET ADDRESS	
TITLE VP & Secretary	NAME William D. Sprague	TITLE	
STREET ADDRESS 1300 Morris Drive		NAME	
CITY - ST - ZIP Chesterbrook, PA 19087		STREET ADDRESS	
TITLE VP, General Counsel, Asst. Sec.	NAME John Scheels	TITLE	
STREET ADDRESS 1300 Morris Drive		NAME	
CITY - ST - ZIP Chesterbrook, PA 19087		STREET ADDRESS	
TITLE Asst. Secretary	NAME Daniel T. Hirst	TITLE	
STREET ADDRESS 1300 Morris Drive		NAME	
CITY - ST - ZIP Chesterbrook, PA 19087		STREET ADDRESS	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Daniel T. Hirst
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel T. Hirst

Date

3/10/2003

Daytime Phone #
610-727-7000

CR2E034B (12/02)