

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

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May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P26206** (3)

1. Corporation Name
VITALINK PHARMACY SERVICES, INC.

Principal Place of Business
10750 COLUMBIA PIKE
SILVER SPRING MD 20901

Mailing Address
10750 COLUMBIA PIKE
SILVER SPRING MD 20901-4427



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/27/1989		3a. Date of Last Report 05/01/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 37-0903482		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	11355 DARNESTOWN RD.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	GAITHERSBURG, MD 20878-3200		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	25	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCEO	1.1 TITLE	Sas Annenmant
NAME	BAINUM, STEWART, JR.	1.2 NAME	11355 DARNESTOWN RD.
STREET ADDRESS	10750 COLUMBIA PIKE	1.3 STREET ADDRESS	GAITHERSBURG, MD 20878-3200
CITY - ST - ZIP	SILVER SPRING MD 20901	1.4 CITY - ST - ZIP	
TITLE	VC	2.1 TITLE	
NAME	TOMASSO, DONALD C.	2.2 NAME	
STREET ADDRESS	10750 COLUMBIA PIKE	2.3 STREET ADDRESS	
CITY - ST - ZIP	SILVER SPRING MD 20901	2.4 CITY - ST - ZIP	
TITLE	PCOO	3.1 TITLE	
NAME	DENARDO, DONNA L.	3.2 NAME	
STREET ADDRESS	10750 COLUMBIA PIKE	3.3 STREET ADDRESS	
CITY - ST - ZIP	SILVER SPRING MD 20901	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	
NAME	REMPE, JAMES H.	4.2 NAME	
STREET ADDRESS	10750 COLUMBIA PIKE	4.3 STREET ADDRESS	
CITY - ST - ZIP	SILVER SPRING MD 20901	4.4 CITY - ST - ZIP	
TITLE	VPFO	5.1 TITLE	
NAME	MACOMBER, SCOTT T.	5.2 NAME	
STREET ADDRESS	10750 COLUMBIA PIKE	5.3 STREET ADDRESS	
CITY - ST - ZIP	SILVER SPRING MD 20901	5.4 CITY - ST - ZIP	
TITLE	VC	6.1 TITLE	
NAME	TOMASSO, DONALD C.	6.2 NAME	
STREET ADDRESS	10750 COLUMBIA PIKE	6.3 STREET ADDRESS	
CITY - ST - ZIP	SILVER SPRING MD 20901	6.4 CITY - ST - ZIP	

14. I do 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 included 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)