FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 26 AM 10:38

DOCUMENT # **P32899** **(7)**

1. Corporation Name
VALUERX PHARMACY PROGRAM, INC.

Principal Place of Business	Mailing Address
1825 S. WOODWARD SUITE 200 BLOOMFIELD HILLS MI 48302 US	1825 S. WOODWARD SUITE 200 BLOOMFIELD HILLS MI 48302 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/19/1991
3a. Date of Last Report: 03/11/1994

2. Principal Place of Business
21: 1825 S. Woodward
Suite, Apt. #, etc.
22: 200
City & State
23: Bloomfield Hills
Zip
24: 48302
Country
25: USA

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip
29:
Country
30:

4. FEI Number: 38-2574885 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____
Signature, typed or printed name of registered agent and the date of acceptance — New Registered Agent signature required when designated — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	PATRICELLI, ROBERT E.	12 NAME	
STREET ADDRESS	22 WATERVILLE ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	AVON CT	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MCBRIDE, WILLIAM J.	22 NAME	
STREET ADDRESS	22 WATERVILLE ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	AVON CT	24 CITY ST ZIP	
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	OSTER, CLAUDE	32 NAME	Director
STREET ADDRESS	22255 GREENFIELD ROAD	33 STREET ADDRESS	Steven Shulman
CITY-ST-ZIP	SOUTHFIELD MI	34 CITY ST ZIP	22 waterville Road Avon, CT 06001
	Delete		
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	SMITH, BARRY	42 NAME	
STREET ADDRESS	1825 S. WOODWARD, SUITE 200	43 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS MI	44 CITY ST ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	FINIGAN, PAUL M.	52 NAME	
STREET ADDRESS	22 WATERVILLE ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	AVON CT	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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: X [signature] 5-19-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0407181 FR