2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

DOCUMENT# P36812

Entity Name: CENTRAL ADMIXTURE PHARMACY SERVICES, INC.

Current Principal Place of Business:

2525 MCGAW AVENUE
IRVINE, CA 927145895 US

New Principal Place of Business:

8012 COWAN, STE 250
IRVINE, CA 92614 US

Current Mailing Address:

P O BOX 4027
BETHLEHEM, PA 180180027 US

New Mailing Address:

FEI Number: 33-0439686 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: NEUBAUER, CAROL H
Address: 824 12TH AVENUE
City-St-Zip: BETHLEHEM, PA 18018

Title: P
Name: STEEN, ERNEST K
Address: 824 12TH AVENUE
City-St-Zip: BETHLEHEM, PA 18018

Title: S
Name: CODREA, CATHY L
Address: 824 12TH AVENUE
City-St-Zip: BETHLEHEM, PA 18018

Title: D
Name: TEJWANI, KIKOO
Address: 824 12TH AVE
City-St-Zip: BETHLEHEM, PA 18018

Title: T
Name: HEUGEL, BRUCE A
Address: 824 TWELFTH AVENUE
City-St-Zip: BETHLEHEM, PA 18018

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRUCE A. HEUGEL T 04/28/2011

Electronic Signature of Signing Officer or Director Date