


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90155 037 \*\*\*150.00

**DOCUMENT # P07284**  
 1. Entity Name  
**INSTA-CARE PHARMACY SERVICES CORPORATION**



Principal Place of Business      Mailing Address  
**1300 MORRIS DRIVE**      **1300 MORRIS DRIVE**  
**CAHRTER BROOK, PA 19087-5594 US**      **CAHRTER BROOK, PA 19087-5594 US**



2. Principal Place of Business      3. Mailing Address  
**1300 Morris Drive**      **1300 Morris Drive**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

04272004      Chg-P      CR2E034 (10/03)

City & State      City & State  
**Chesterbrook, PA**      **Chesterbrook, PA**  
 Zip      Country      Zip      Country  
**19087**      **USA**      **19087**      **USA**

4. FEI Number      Applied For  
**59-1817412**      Not Applicable  
 5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**CT CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND RD.**  
**PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	CARPENTER, CHARLES	
STREET ADDRESS	1300 MORRIS DRIVE	
CITY-ST-ZIP	CHESTERBROOK, PA 19087	
TITLE	VT	<input type="checkbox"/> Delete
NAME	WEIDNER, DAVID	
STREET ADDRESS	1300 MORRIS DRIVE	
CITY-ST-ZIP	CHESTERBROOK, PA 19087	
TITLE	VS	<input type="checkbox"/> Delete
NAME	SPRAGUE, WILLIAM D	
STREET ADDRESS	1300 MORRIS DRIVE	
CITY-ST-ZIP	CHESTERBROOK, PA 19087	
TITLE	VS	<input type="checkbox"/> Delete
NAME	SCHEELS, JOHN	
STREET ADDRESS	1300 MORRIS DRIVE	
CITY-ST-ZIP	CHESTERBROOK, PA 19087	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HIRST, DANIEL T	
STREET ADDRESS	1300 MORRIS DRIVE	
CITY-ST-ZIP	CHESTERBROOK, PA 19087	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William G. Shields	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SRP CFO	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SRP Secretary	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP, General Counsel & Assistant Secretary	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Assistant Secretary	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel T. Hirst      Daniel T. Hirst      4/29/2004      610 727-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #