


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 8:00 am
Secretary of State

03-17-2005 90017 004 ***150.00

DOCUMENT # P07284			
1. Entity Name INSTA-CARE PHARMACY SERVICES CORPORATION			
Principal Place of Business 1300 MORRIS DRIVE CHESTERBROOK, PA 19087 US		Mailing Address 1300 MORRIS DRIVE CHESTERBROOK, PA 19087 US	
2. Principal Place of Business 1300 Morris Drive		3. Mailing Address 1300 Morris Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Chesterbrook, PA		City & State Chesterbrook, PA	
Zip 19087	Country USA	Zip 19087	Country USA
4. FEI Number 59-1817412		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SHIELDS, WILLIAM G		NAME	
STREET ADDRESS 1300 MORRIS DRIVE		STREET ADDRESS	
CITY-ST-ZIP CHESTERBROOK, PA 19087		CITY-ST-ZIP	
TITLE SVPC	<input type="checkbox"/> Delete	TITLE Director / SVPCFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEIDNER, DAVID		NAME	
STREET ADDRESS 1300 MORRIS DRIVE		STREET ADDRESS	
CITY-ST-ZIP CHESTERBROOK, PA 19087		CITY-ST-ZIP	
TITLE SVPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SPRAGUE, WILLIAM D		NAME	
STREET ADDRESS 1300 MORRIS DRIVE		STREET ADDRESS	
CITY-ST-ZIP CHESTERBROOK, PA 19087		CITY-ST-ZIP	
TITLE VGCS	<input checked="" type="checkbox"/> Delete	TITLE VP + Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SCHEELS, JOHN		NAME Richard M. Greenhall	
STREET ADDRESS 1300 MORRIS DRIVE		STREET ADDRESS 1300 Morris Drive	
CITY-ST-ZIP CHESTERBROOK, PA 19087		CITY-ST-ZIP Chesterbrook, PA 19087	
TITLE AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HIRST, DANIEL T		NAME	
STREET ADDRESS 1300 MORRIS DRIVE		STREET ADDRESS	
CITY-ST-ZIP CHESTERBROOK, PA 19087		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Daniel T. Hirst</i>		Date: <i>3/9/2005</i>	Daytime Phone #: <i>607277000</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #