

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90183 049 ***150.00

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04022007 Chg-P CR2E034 (12/06)

| | | | | | |
|--|---|---------------------------------|---|--|--|
| 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 - No P.O. Box # 1300 Morris Drive Suite, Apt. #, etc. | | | 3. Mailing Address 1300 Morris Drive Suite, Apt. #, etc. | | |
| City & State Chesterbrook PA | | City & State Chesterbrook PA | | 4. FEI Number 59-1817412 | |
| Zip 19087 | | Country USA | | 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 | |
| | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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/D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input 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 | DSVP <input checked="" type="checkbox"/> Delete | TITLE | <input 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 | VPS <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | CHOU, JOHN | NAME | | | |
| STREET ADDRESS | 1300 MORRIS DRIVE | STREET ADDRESS | | | |
| CITY-ST-ZIP | CHESTERBROOK, PA 19087 | CITY-ST-ZIP | | | |
| TITLE | VPAS <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | GRENHALL, RICHARD M | NAME | | | |
| STREET ADDRESS | 1300 MORRIS DRIVE | STREET ADDRESS | | | |
| CITY-ST-ZIP | CHESTERBROOK, PA 19087 | CITY-ST-ZIP | | | |
| 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 exemptions contained in Chapter 119, 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: <u>Daniel T Hirst</u> | | | Date: <u>4/5/2007</u> Daytime Phone #: <u>610 717-7000</u> | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |