

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07284

FILED  
Jul 16, 2008  
Secretary of State

Entity Name: INSTA-CARE PHARMACY SERVICES CORPORATION

**Current Principal Place of Business:**

1300 MORRIS DRIVE  
CHESTERBROOK, PA 19087 US

**New Principal Place of Business:**

1901 CAMPUS PLACE  
LOUISVILLE, KY 40299 US

**Current Mailing Address:**

1300 MORRIS DRIVE  
CHESTERBROOK, PA 19087 US

**New Mailing Address:**

1901 CAMPUS PLACE  
LOUISVILLE, KY 40299 US

FEI Number: 59-1817412

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: SHIELDS, WILLIAM G  
Address: 1300 MORRIS DRIVE  
City-St-Zip: CHESTERBROOK, PA 19087

Title: VPS ( ) Delete  
Name: CHOU, JOHN  
Address: 1300 MORRIS DRIVE  
City-St-Zip: CHESTERBROOK, PA 19087

Title: VPAS ( ) Delete  
Name: GRENHALL, RICHARD M  
Address: 1300 MORRIS DRIVE  
City-St-Zip: CHESTERBROOK, PA 19087

Title: AS (X) Delete  
Name: HIRST, DANIEL T  
Address: 1300 MORRIS DRIVE  
City-St-Zip: CHESTERBROOK, PA 19087

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D (X) Change ( ) Addition  
Name: WEISHAR, GREGORY S  
Address: 1901 CAMPUS PLACE  
City-St-Zip: LOUISVILLE, KY 40299

Title: VPS (X) Change ( ) Addition  
Name: CANERIS, THOMAS A  
Address: 1901 CAMPUS PLACE  
City-St-Zip: LOUISVILLE, KY 40299

Title: TRS (X) Change ( ) Addition  
Name: CULOTTA, MICHAEL J  
Address: 1901 CAMPUS PLACE  
City-St-Zip: LOUISVILLE, KY 40299

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL J. CULOTTA

TRS

07/16/2008

Electronic Signature of Signing Officer or Director

Date