

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213565438

1.) CORPORATION NAME:

**Academy of Managed Care Pharmacy Foundation**

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1144296**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

**RICHMOND, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NJ**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O AMCP  
100 N PITT STREET SUITE 400

CITY/ST/ZIP: ALEXANDRIA, VA 22314

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	Annette D Boyer	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	285 Waterfront Drive		
	Suite 100		
CITY/ST/ZIP/CO:	Homestead, PA 15120		

NAME:	Richard A Zabinski	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7710 Bush Lake Drive		
CITY/ST/ZIP/CO:	Bloomington, MN 55438		

NAME:	ROBERT DELUCA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	55 CORPORATE DRIVE		
	MN-010-E133		
CITY/ST/ZIP/CO:	BRIDGEWATER, NJ 08807		

NAME:	EDITH ROSATO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	100 N PITT STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		

NAME:	SUSAN BLACKBURN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4520 LINWOOD LANE		
CITY/ST/ZIP/CO:	EXCELSIOR, MN 55331		

NAME:	ANNETTE BOYER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	285 WATERFORNT DRIVE EAST SUITE 100		
CITY/ST/ZIP/CO:	HOMESTEAD, PA 15120		
NAME:	EMERY DUPUIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	502 VALLY ROAD SUITE 201		
CITY/ST/ZIP/CO:	WAYNE, NJ 07470		
NAME:	ALLAN CHERNOV	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1001 E. LOOKOUT DRIVE		
CITY/ST/ZIP/CO:	RICHARDSON, TX 75082		
NAME:	PERRY COHEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	273 HEBRON AVENUE		
CITY/ST/ZIP/CO:	GLASTONBURY, CT 06033		
NAME:	EDWIN HEADBLOM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	3M CENTER BUILDING 270-03-A-04		
CITY/ST/ZIP/CO:	ST. PAUL, MN 55144		
NAME:	PEYTON HOWELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4724 CARMEL CLUB DRIVE		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28226		
NAME:	KATHLEEN KAA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 DNA WAY, MS 85-5A		
CITY/ST/ZIP/CO:	SOUTH SAN FRANCISCO, CA 94080		
NAME:	LYNN L FRANZOI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	32 THE COLONNADE		
CITY/ST/ZIP/CO:	LONG BEACH, CA 90803		
NAME:	JAN HANSEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2525 DUPONT DRIVE		
CITY/ST/ZIP/CO:	IRVINE, CA 92612		
NAME:	MYRON Z HOLUBIAK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1544 EDLY COVER COURT		
CITY/ST/ZIP/CO:	NORTH BRUNSWICK, NJ 08902		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Annette D Boyer	Annette D Boyer, PRESIDENT	2/27/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.