

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214555957

1.) CORPORATION NAME:

Academy of Managed Care Pharmacy Foundation

DUE DATE: **12/31/2014**

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
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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 checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	285 WATERFORNT DRIVE EAST 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:	ANNETTE J CHERNOU MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1001 E LOOKOUT DRIVE		
CITY/ST/ZIP/CO:	RICHARDSON, TX 75082		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALLAN CHERNOV DIRECTOR 1001 E. LOOKOUT DRIVE RICHARDSON, TX 75082	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PERRY COHEN DIRECTOR 273 HEBRON AVENUE GLASTONBURY, CT 06033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EMERY DUPUIS DIRECTOR 502 VALLY ROAD SUITE 201 WAYNE, NJ 07470	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LYNN L FRANZOI DIRECTOR 32 THE COLONNADE LONG BEACH, CA 90803	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAN HANSEN DIRECTOR 2525 DUPONT DRIVE IRVINE, CA 92612	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWIN HEADBLOM DIRECTOR 3M CENTER BUILDING 270-03-A-04 ST. PAUL, MN 55144	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MYRON Z HOLUBIAK DIRECTOR 1544 EDLY COVER COURT NORTH BRUNSWICK, NJ 08902	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PEYTON HOWELL DIRECTOR 4724 CARMEL CLUB DRIVE CHARLOTTE, NC 28226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHLEEN KAA DIRECTOR 1 DNA WAY, MS 85-5A SOUTH SAN FRANCISCO, CA 94080	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

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	1/23/2015
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.