

1.) CORPORATION NAME:

**ACADEMY OF MANAGED CARE PHARMACY**

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

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

SCC ID NO: **F1144304**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NJ**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 NORTH 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:	DOUGLAS BURGOYNE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4190 HIGHLAND DRIVE #250		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84124		
NAME:	DAVID CLARK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Past President		
ADDRESS:	200 SW MARKET ST		
CITY/ST/ZIP/CO:	M/S E9A PORTLAND, OR 97201-5715		
NAME:	ROBERT GREGORY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	209 WESTWOOD ROAD		
CITY/ST/ZIP/CO:	SOUTHINGTON, CT 06489		
NAME:	Kim A Caldwell	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	President - Ele		
ADDRESS:	3329 Drip Rock Dr		
CITY/ST/ZIP/CO:	McKinney, TX 75070		
NAME:	Steven Avey	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	22018 N 55th St		
CITY/ST/ZIP/CO:	Phoenix, VA 85054		
NAME:	David Calabrese	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	100 Century Dr Ste A Worcester		
CITY/ST/ZIP/CO:	Worcester, MA 01606		

NAME: Eric Cannon TITLE: DIRECTOR ADDRESS: 5381 Green St CITY/ST/ZIP/CO: Salt Lake City, UT 84123	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Kathleen Kaa TITLE: DIRECTOR ADDRESS: 1 DNA Way, MS85-5A CITY/ST/ZIP/CO: South San Francisco, CA 94080	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Mitzi M Wasik TITLE: DIRECTOR ADDRESS: 3200 Highland Ave Downers Grove CITY/ST/ZIP/CO: Downers Grove, IL 60515	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Edith Rosato TITLE: DIRECTOR ADDRESS: 100 N Pitt Street CITY/ST/ZIP/CO: Alexandria, VA 22314	<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/ DOUGLAS BURGOYNE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DOUGLAS BURGOYNE, PRESIDENT PRINTED NAME AND CORPORATE TITLE
9/21/2012 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.	