

1.) CORPORATION NAME:

**ACADEMY OF MANAGED CARE PHARMACY**

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

SCC ID NO: **F1144304**

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

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: 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:	Past President		
ADDRESS:	4190 HIGHLAND DRIVE #250		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84124		
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:	KIM A CALDWELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	President		
ADDRESS:	3329 DRIP ROCK DR		
CITY/ST/ZIP/CO:	MCKINNEY, TX 75070		
NAME:	ERIC CANNON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Treasurer		
ADDRESS:	5381 GREEN ST		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84123		
NAME:	EDITH ROSATO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	100 N PITT STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314		
NAME:	MITZI M WASIK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3200 HIGHLAND AVE DOWNERS GROVE		
CITY/ST/ZIP/CO:	DOWNERS GROVE, IL 60515		

NAME: Stanley Ferrell TITLE: DIRECTOR ADDRESS: 10221 Lobley Hill Lane CITY/ST/ZIP/CO: Raleigh, NC 27613	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Dana McCormick TITLE: Pres - Elect ADDRESS: 2525 Springhill Drive CITY/ST/ZIP/CO: Grapevine, TX 76051	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Lynn Nishida TITLE: DIRECTOR ADDRESS: 12432 SE Lynda Ln CITY/ST/ZIP/CO: Happy Valley, OR 97086	<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/ EDITH ROSATO	EDITH ROSATO, CEO	7/3/2013
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.		