

1.) CORPORATION NAME: CORRECT RX PHARMACY SERVICES, INC.	DUE DATE: 11/30/2014				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: FREDERICK R GERSON 536 GRANITE AVENUE RICHMOND, VA	SCC ID NO: F1609025				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
COMMON	5,000				
4.) STATE OR COUNTRY OF INCORPORATION: MD					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 803A BARKWOOD CT CITY/ST/ZIP: LINTHICUM, MD 21090	
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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: ELLEN H YANKELLOW TITLE: PRESIDENT ADDRESS: 803A BARKWOOD CT CITY/ST/ZIP/CO: LINTHICUM, MD 21090	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JAMES TRISTANI TITLE: TREASURER ADDRESS: 803A BARKWOOD CT CITY/ST/ZIP/CO: LINTHICUM, MD 21090	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JILL MOLOFSKY TITLE: SECRETARY ADDRESS: 803A BARKWOOD CT CITY/ST/ZIP/CO: LINTHICUM, MD 21090	<input checked="" 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/ ELLEN H YANKELLOW	ELLEN H YANKELLOW, PRESIDENT	9/29/2014
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.