

December 8, 1994

HPI HEALTH CARE SERVICE, INC.
JOHN DRISCOLL
4500 ALEXANDER BLVD NE
ALBUQUERQUE NM 87107

RE: HPI HEALTH CARE SERVICE, INC. File Number C 100273

Dear Mr. Driscoll:

Please find enclosed your recently submitted annual report for the 1994-1995 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

The corporation forfeited its right to do business on December 1, 1994. To reinstate the corporate status, please resubmit the annual report form along with a \$20.00 reinstatement fee before December 1, 1995.

If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 334-2301.

Very truly yours,

Tonya Herold
Corporate Division

Enclosures: cited

ISSUED: 07-03-1994

<p>No. 100273</p> <p>Return To</p> <p>Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080</p> <p>**FIRST NOTICE** NO RE-ENTRY</p> <p>REC. OF STATE</p> <p>94 DEC 8 PM 10 35</p>	<p>Idaho Corporation Annual Report Form Due No Later Than November 1994</p> <p>1. Mailing Address</p> <p>HPI HEALTH CARE SERVICE, INC. 4500 ALEXANDER BLVD N E ALBUQUERQUE NM 87107</p>	<p>2. Registered Agent and Office</p> <p>C T CORPORATOR SYSTEM 300 N 6TH ST BOISE ID 83701</p> <p>3. Incorporated Under The Laws of DE NO: 100273</p>										
<p>4. Names and Addresses of Officers and Directors</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td colspan="5"> <p>President:</p> <p>Secretary:</p> <p>Directors:</p> <p>See attached</p> </td> </tr> </tbody> </table>			Name	Street or P.O. Address	City	State	Zip	<p>President:</p> <p>Secretary:</p> <p>Directors:</p> <p>See attached</p>				
Name	Street or P.O. Address	City	State	Zip								
<p>President:</p> <p>Secretary:</p> <p>Directors:</p> <p>See attached</p>												
<p>5. Nature of Business</p> <p>Pharmacy management</p>	<p>6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.</p> <table border="1"> <tr> <td>Signature</td> <td>Date 11/20/94</td> </tr> <tr> <td>Name (Typed or Printed) John W. Driscoll</td> <td>Title VP/Finance</td> </tr> </table>		Signature	Date 11/20/94	Name (Typed or Printed) John W. Driscoll	Title VP/Finance						
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Name (Typed or Printed) John W. Driscoll	Title VP/Finance											

HPI HEALTH CARE SERVICES, INC.

CORPORATE OFFICERS

Raymond DePiero
President and Chief Operating Officer
12220 San Victorio Ave., NE
Albuquerque, NM 87111
(505) 237-1144
#285-56-4607

John W. Driscoll, CPA
Vice President of Financial Planning and Analysis
4308 La Paloma, NW
Albuquerque, NM 87120
(505) 898-8219
#585-84-6037

William A. Barron
Vice President
2824 Tramway Circle, NE
Albuquerque, NM 87122
(505) 345-8080
#097-38-9016

HPI HEALTH CARE SERVICES, INC.

BOARD OF DIRECTORS

Nunzio P. DeSantis
Chairman of the Board/Director
4609 Rio Grande, NW
Albuquerque, NM 87114
(505) 344-2646
#585-30-7250

Courtlandt G. Miller
Director/Secretary
29 E. 64th Street, Apt. 5A
New York, NY 10021
(212) 988-1582
#060-38-4366

William A. Barron
Director
2824 Tramway Circle, NE
Albuquerque, NM 87122
(505) 345-8080
#097-38-9016