



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000128862		2. Name of Corporation TheraCom, Inc.			
3. Street Address Principal Business Office 9717 Key West Ave.			City Rockville	State MD	Zip 20850
4. Business Phone No. 401-765-1500		5. State of Incorporation OH			
6. Brief Description of the Character of Business Conducted in Rhode Island Specialty pharmacy					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Howard McLure			Vice President Name Sara J. Finley		
Street Address 211 Commerce Street, Suite 800			Street Address 211 Commerce Street, Suite 800		
City Nashville	State TN	Zip 37201	City Nashville	State TN	Zip 37201
Secretary Name Sara J. Finley			Treasurer Name Peter J. Clemens IV		
Street Address 211 Commerce Street, Suite 800			Street Address 211 Commerce Street, Suite 800		
City Nashville, TN 37201	State TN	Zip 37201	City Nashville	State TN	Zip 37201
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Howard McLure			Director Name Sara J. Finley		
Street Address 211 Commerce Street, Suite 800			Street Address 211 Commerce Street, Suite 800		
City Nashville	State TN	Zip 37201	City Nashville	State TN	Zip 37201
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> THIS SECTION <u>MUST</u> BE COMPLETED					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.					
Number of Shares		Class/Series		Par Value	
300		Common		NPV	
3700		Common		NPV	

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

AUG 05 2009

By *[Signature]*

29-96074

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

*[Signature]* 03/30/09  
Signature Date

Thomas S. Moffatt

Print or Type Name

Assistant Secretary

Title

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY