



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

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

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.

ANNUAL REPORT YEAR: 2012

1. Corporate ID No. 000535183

2. Name of Corporation Pentec Health Inc.

3. Street Address Principal Business Office:

No. and Street: 4 CREEK PARKWAY, SUITE A

City or Town: BOOTHWYN

State: PA

Zip: 19061

Country: USA

4. Business Phone No.

484-480-2215

5. State of Incorporation

State: PA

6. Brief Description of the Character of Business Conducted in Rhode Island

A HOME INFUSION SPECIALTY MEDICATION PROVIDER. PROVIDE INTRAVENOUS AND INTRATHECAL COMPOUNDING PRESCRIPTIONS TO HOMECARE AND DIALYSIS PATIENTS.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JOSEPH COSGROVE	4 CREEK PARKWAY, SUITE A BOOTHWYN, PA 19061 USA
TREASURER	JOSEPH COSGROVE	4 CREEK PARKWAY, SUITE A BOOTHWYN, PA 19061 USA
SECRETARY	JOSEPH COSGROVE	4 CREEK PARKWAY, SUITE A BOOTHWYN, PA 19061 USA
VICE PRESIDENT	JOSEPH COSGROVE	4 CREEK PARKWAY, SUITE A BOOTHWYN, PA 19061 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.01	1,815,766.00	167
PNP		\$0.00	985,333.00	0

9. 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.

Signed this 8 Day of March, 2012 at 10:21:20 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By DEBORAH FLETCHER
Signature of Authorized Representative of the Corporation

PHARMACY REGULATORY LIAISON
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07

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