



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 02901-2615
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 information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES THIS SECTION <u>MUST</u> BE COMPLETED		
		Number of Shares	Class/Series	Par Value	
		300	Common	NPV	
		3700	Common	NPV	

RECEIVED
 2009 AUG -5 AM 11:43
 STATE OF RHODE ISLAND
 CORPORATIONS DIV

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

File Date _____
 Check No. _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

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