

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90114 022 ***150.00

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1. Entity Name
 SPECIALTY PHARMACY, INC.

Principal Place of Business
 1300 MORRIS DRIVE
 CHESTERBROOK, PA 19087

Mailing Address
 1300 MORRIS DRIVE
 CHESTERBROOK, PA 19087

2. Principal Place of Business
 1300 Morris Drive

3. Mailing Address
 1300 Morris Drive



03222006 Chg-P CR2E034 (11/05)

City & State
 Chesterbrook PA

City & State
 Chesterbrook PA

4. FEI Number
 23-3003463

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip 19087 Country USA Zip 19087 Country USA

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|---|---|
| TITLE P NAME PUGLIESE, JOSEPH STREET ADDRESS 1300 MORRIS DRIVE, SUITE 100 CITY-ST-ZIP CHESTERBROOK, PA 19087 | <input type="checkbox"/> Delete | TITLE NAME Carol Gleber STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME SVDC DI CANDILO, MICHAEL D STREET ADDRESS 1300 MORRIS DRIVE, SUITE 100 CITY-ST-ZIP CHESTERBROOK, PA 19087 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME SVS SPRAGUE, WILLIAM D STREET ADDRESS 1300 MORRIS DRIVE, SUITE 100 CITY-ST-ZIP CHESTERBROOK, PA 19097 | <input checked="" type="checkbox"/> Delete | TITLE NAME VP + Secretary John Chou STREET ADDRESS 1300 Morris Drive CITY-ST-ZIP Chesterbrook PA 19087 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME VP RICHARDSON, FRANCES STREET ADDRESS 1300 MORRIS DRIVE CITY-ST-ZIP CHESTERBROOK, PA 19087 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME AS HIRST, DANIEL T STREET ADDRESS 1300 MORRIS DRIVE CITY-ST-ZIP CHESTERBROOK, PA 19087 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME D HILZINGER, KURT J STREET ADDRESS 1300 MORRIS DRIVE, SUITE 100 CITY-ST-ZIP CHESTERBROOK, PA 19087 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel T. Hirst Date: 4/4/2006 Daytime Phone #: 610 227-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR