


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2005 8:00 am
Secretary of State

08-16-2005 90040 028 ***550.00

DOCUMENT # F00000005731 1. Entity Name FAMILYMEDS, INC.					
Principal Place of Business 312 FARMINGTON AVENUE FARMINGTON, CT 06032			Mailing Address 312 FARMINGTON AVENUE FARMINGTON, CT 06032		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC MERCADANTE, EDGARDO A 312 FARMINGTON AVENUE FARMINGTON, CT 06032 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KIENE, ALLISON D 312 FARMINGTON AVE FARMINGTON, CT 06032 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIBAUDO, DALE 312 FARMINGTON AVENUE FARMINGTON, CT 06032 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINACORI, NICHOLAS E 300 FIRST STAMFORD PLACE STAMFORD, CT 06902 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERBINO, PHILIP 600 S. 43RD STREET PHILADELPHIA, PA 19115 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 exemption stated in Section 119.07(3)(i), 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: <u><i>Donna S. Aderhold</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>8/10/05</u> <small>Date</small>		<u>860-676-1227</u> <small>Daytime Phone #</small>	

50061889



08032005 Chg-P CR2E034 (10/03)

4. FEI Number
06-1283776

Applied For
Not Applicable

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

ATTACHMENT
SD061889

Familymeds, Inc.

Document F00000005731

2005 For Profit Corporation Annual Report

Statement attached to Line 10
Officers and Directors

Additions

T/D

Searson, James E.
312 Farmington Avenue
Farmington, CT 06032-1968

Asst T

Aderhold, Donald S.
312 Farmington Avenue
Farmington, CT 06032-1968

D

Taneja, Jugal K.
312 Farmington Avenue
Farmington, CT 06032-1968

D

Majeske, Mark T.
312 Farmington Avenue
Farmington, CT 06032-1968

D

Grua, Peter J.
312 Farmington Avenue
Farmington, CT 06032-1968

D

Sharma, Rakesh K. MD
312 Farmington Avenue
Farmington, CT 06032-1968

D

Witt, Laura L.
312 Farmington Avenue
Farmington, CT 06032-1968