2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 15, 2004 8:00 am Secretary of State

DOCUMENT # F0100005923 1. Entity Name KELSON PHARMACY SERVICES, INC.					03-15-2004 90004 024 ***158.75					
Principal Place of Business Mailing Address					-					
-3309 PONCE DE LEON BLVD. MIAMI, FL 33146 CORAL GABLES, FL 331							54	0179	77	
IOSIN	N 14th St. 半160	3. Mailing Address 1051 NW 14th St. #160								
Suite, Apt.		Suite, Apt. #, etc.			02182004	Chg-P	CR2E03	4 (10/03)		
City & State Miami, FL		City & State Miami, FL		4. FEI Number 06-14960	045			plied For t Applicable		
Zip Country,		Zip 3.136 Coun		try	5. Certificate of Status Desired			\$8.75 Additional		
3313			<u>~</u> β.	<u>۵.و</u>				ee Require		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name										
ANSPACH, NATHAN L 3309 PONCE DELEON BOULEVARD				Street Address	et Address (P.O. Box Number is Not Acceptable)					
CORAL G	ABLES, FL 33134									
			•	City	<u> </u>	-	FL	Zip Code	9	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND D	DIRECTORS	S IN 11	
TITLE	P CDEACE'V HADDY E	☐ Delete	TITLE	· I			1	Change	Addition	
NAME CREASEY, HARRY E STREET ADDRESS 90 STATE HOUSE SQUARE 10TH FLOOR			NAM STRE	E ET ADDRESS						
CITY-ST-ZIP HARTFORD, CT 06103				-ST-ZIP						
TITLE	VP	Delete	TITLE					Change	Addition	
NAME DEPET ADOPESS	KINELL, JEFFERY	11 PI	NAM	- 1						
STREET ADDRESS CITY-ST-ZIP	90 STATE HOUSE SQUARE 10T HARTFORD, CT 06103	H FL.		ET ADDRESS - ST-ZIP				·		
TITLE -	VP VP	Delete	TITLE					Channe	Addition	
NAME	ANSPACH, NATHAN L	☐ Delete	NAM	E A	SPACH,	Vathant	•	zonungo	Radillon	
STREET ADDRESS	3309 PONCE DE LEON BLVD.			ET ADDRESS 10:	51 NW 14+	LSt, #16	0			
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY	-ST-ZIP /	riami, Fr	- 33136				
TITLE NAME	Janice E. Hight	Delete .	TITLI NAM	i			1	Change	Addition	
STREET ADDRESS	4910 Moores Lang	,		ET ADDRESS	•				•	
CITY-ST-ZIP	Brentwood, IN	37 <i>03</i> 7		-ST-ZIP			•			
TITLE	KALINGWAN 91	೬ . ವರ್ಷ 🗆 Delete	TITL	E	(r-1)			Change	Addition	
NAME	A	The second control of the second	- NAM	- 1				-	.	
STREET ADDRESS CITY-ST-ZIP		the second secon		ET ADDRESS -ST-ZIP	of the					
·TITLE			-						- Addition-	
NAME JOB .	g b g b g b district			E	(*************************************		. <u>. 6</u>			
STREET ADDRESS				ET ADORESS -ST-ZIP						
CITY-ST-ZIP	cartify that the information symplical with	this filling door not qualify for	_ #		Poetion 110 07(2)(1)	Elorido Statuto - 1	further co-	is that the i-	oformation	
12. I hereby certify that the information supplied with this filling 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 chapter depends on a state property with a statute size of the corporation of the corporation of 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										

SIGNATURE: NATE / Nathan L. HNSpach 2.17-2004 305 444-13	514
SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Daytine Phone #	