


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90183 012 ***150.00

DOCUMENT # S81697 1. Entity Name PRIORITY HEALTHCARE PHARMACY, INC.					
Principal Place of Business 250 TECHNOLOGY PARK LAKE MARY, FL 32746			Mailing Address 250 TECHNOLOGY PARK LAKE MARY, FL 32746		
2. Principal Place of Business 13900 Riverport Drive Suite, Apt. #, etc.		3. Mailing Address 13900 Riverport Drive Suite, Apt. #, etc.			
City & State Maryland Heights, MO Zip 63043 Country USA		City & State Maryland Heights, MO Zip 63043 Country USA		4. FEI Number 59-3099905	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <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	DP COSLER, STEVE D 250 TECHNOLOGY PARK LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Domenic Meffe 13900 Riverport Drive Maryland Heights, MO 63043	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOLAN, TRACY 250 TECHNOLOGY PARK LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Donald Howard 13900 Riverport Drive Maryland Heights, MO 63043	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS SHANAHAN, REBECCA M 250 TECHNOLOGY PARK LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Keith Ebling 13900 Riverport Drive Maryland Heights, MO 63043	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT SAFT, STEPHEN M 250 TECHNOLOGY PARK LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Ed stiffen 13900 Riverport Drive Maryland Heights, MO 63043	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary R. Anthony DiLeo 13900 Riverport Drive Maryland Heights, MO 63043	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: <u>R. Anthony DiLeo</u> <u>R. Anthony DiLeo</u> <u>4/17/06</u> <u>314-770-1666</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

As of 10/15/2005

ATTACHMENT

40069915

581697

Priority Healthcare Pharmacy, Inc.

13900 Riverport Drive

Maryland Heights, Missouri 63043

Date of Incorporation: 09/20/1991

State of Incorporation: Florida

FEIN: 59-3099905

List of Directors and Officers

President and Chief Executive Officer	Domenic Meffe 199-60-6916 13900 Riverport Drive Maryland Hgts., MO 63043
Vice President and COO	Donald Howard 170-48-8625 13900 Riverport Drive Maryland Hgts., MO 63043
Vice President and Director	George Paz 486-66-0165 8016 Gannon Ave. St. Louis, MO 63130
Vice President and Treasurer	Ed Stiften 496-62-5403 2223 Oberhelman Rd. Foristell, MO 63348
Vice President and Secretary	Keith Ebling 497-78-4885 13900 Riverport Drive Maryland Hgts., MO 63043
Assistant Secretary	Thomas M. Boudreau 491-56-6297 13333 Kings Glen Drive St. Louis, MO 63131
Assistant Secretary	R. Anthony DiLeo 500-50-0644 733 Rolfe Drive St. Louis, MO 63122