



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2005 8:00 am**  
**Secretary of State**

03-17-2005 90018 046 \*\*\*150.00

<b>DOCUMENT # F00000000255</b>					
<b>1. Entity Name</b> SPECIALTY PHARMACY, INC.					
<b>Principal Place of Business</b> 1300 MORRIS DRIVE, SUITE 100 CHESTERBROOK, PA 19037			<b>Mailing Address</b> P.O. BOX 959 VALLEY FORGE, PA 19482		
<b>2. Principal Place of Business</b> <i>1300 Morris Drive</i>		<b>3. Mailing Address</b> <i>1300 Morris Drive</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02082005    Chg-P    CR2E034 (10/03)	
<b>City &amp; State</b> <i>Chesterbrook PA</i>		<b>City &amp; State</b> <i>Chesterbrook PA</i>		<b>4. FEI Number</b> 23-3003463	
Zip <i>19087</i> Country <i>USA</i>		Zip <i>19087</i> Country <i>USA</i>		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>6. Name and Address of Current Registered Agent</b> CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code				<b>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.</b>	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <b>NAME</b> JONES, WILLIAM A <b>STREET ADDRESS</b> 1300 MORRIS DRIVE, SUITE 100 <b>CITY-ST-ZIP</b> CHESTERBROOK, PA 19087	<input type="checkbox"/> Delete		<b>TITLE</b> <i>Joseph Pugliese</i> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> CFOD <b>NAME</b> DI CANDILO, MICHAEL D <b>STREET ADDRESS</b> 1300 MORRIS DRIVE, SUITE 100 <b>CITY-ST-ZIP</b> CHESTERBROOK, PA 19087	<input type="checkbox"/> Delete		<b>TITLE</b> <i>SVP CFO / Director</i> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> SPRAGUE, WILLIAM D <b>STREET ADDRESS</b> 1300 MORRIS DRIVE, SUITE 100 <b>CITY-ST-ZIP</b> CHESTERBROOK, PA 19097	<input type="checkbox"/> Delete		<b>TITLE</b> <i>SVP + Secretary</i> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> BATTAGLIA, VICTOR <b>STREET ADDRESS</b> 4 HOOK ROAD <b>CITY-ST-ZIP</b> SHARON HILL, PA 19079	<input type="checkbox"/> Delete		<b>TITLE</b> <i>Frances Richardson</i> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> HOEFNER, JENNIFER <b>STREET ADDRESS</b> 4 HOOK ROAD <b>CITY-ST-ZIP</b> SHARON HILL, PA 19078	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> <i>Asst Secretary</i> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> HILZINGER, KURT J <b>STREET ADDRESS</b> 1300 MORRIS DRIVE, SUITE 100 <b>CITY-ST-ZIP</b> CHESTERBROOK, PA 19087	<input type="checkbox"/> Delete		<b>TITLE</b> <i>Daniel T. Hirst</i> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.</b>					
<b>SIGNATURE:</b> <i>Daniel T. Hirst</i> <i>3/9/2005</i> <i>600 727 7000</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					