

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-11-2006 90114 022 \*\*\*150.00

DOCUMENT # F0000000255



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