


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



04032007 No Chg-P CR2E034 (11/05)

4. FEI Number 23-3003463	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLEBER, CAROL 1300 MORRIS DRIVE, SUITE 100 CHESTERBROOK, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVDC DI CANDILO, MICHAEL D 1300 MORRIS DRIVE, SUITE 100 CHESTERBROOK, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CHOU, JOHN 1300 MORRIS DR CHESTERBROOK, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICHARDSON, FRANCES 1300 MORRIS DRIVE CHESTERBROOK, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HIRST, DANIEL T 1300 MORRIS DRIVE CHESTERBROOK, PA 19087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILZINGER, KURT J 1300 MORRIS DRIVE, SUITE 100 CHESTERBROOK, PA 19087

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04/23/07-80058-019 150.00

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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 4/5/2007 610 727-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #