


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000005731 1. Entity Name FAMILYMEDS, INC.	
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Principal Place of Business
312 FARMINGTON AVENUE
FARMINGTON, CT 06032

Mailing Address
312 FARMINGTON AVENUE
FARMINGTON, CT 06032



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1283776	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC MERCADANTE, EDGARDO A 312 FARMINGTON AVENUE FARMINGTON, CT 06032
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KIENE, ALLISON D 312 FARMINGTON AVE FARMINGTON, CT 06032
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RIBAUDO, DALE 312 FARMINGTON AVENUE FARMINGTON, CT 06032
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SINACORI, NICHOLAS E 300 FIRST STAMFORD PLACE STAMFORD, CT 06902
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GERBINO, PHILIP 600 S. 43RD STREET PHILADELPHIA, PA 19115
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 7, 04 860.676.1222
Date Daytime Phone

ALLISON D. KIENE,