

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005731

Entity Name: FAMILYMEDS, INC.

FILED
Jul 05, 2006
Secretary of State

Current Principal Place of Business:

312 FARMINGTON AVENUE
FARMINGTON, CT 06032

New Principal Place of Business:

Current Mailing Address:

312 FARMINGTON AVENUE
FARMINGTON, CT 06032

New Mailing Address:

FEI Number: 06-1283776

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MERCADANTE, EDGARDO A
Address: 312 FARMINGTON AVENUE
City-St-Zip: FARMINGTON, CT 06032

Title: SD () Delete
Name: KIENE, ALLISON D
Address: 312 FARMINGTON AVE
City-St-Zip: FARMINGTON, CT 06032

Title: TD () Delete
Name: SEARSON, JAMES E
Address: 312 FARMINGTON AVENUE
City-St-Zip: FARMINGTON, CT 06032

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: SEARSON, JAMES E
Address: 312 FARMINGTON AVENUE
City-St-Zip: FARMINGTON, CT 06032

Title: TD () Change (X) Addition
Name: BOLOGA, JAMES A
Address: 312 FARMINGTON AVENUE
City-St-Zip: FARMINGTON, CT 06032

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLISON D. KIENE

SD

07/05/2006

Electronic Signature of Signing Officer or Director

_____ Date