


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90004 024 ***158.75

DOCUMENT # F01000005923			
1. Entity Name KELSON PHARMACY SERVICES, INC.			
Principal Place of Business 3309 PONCE DE LEON BLVD. MIAMI, FL 33146		Mailing Address 3309 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	
2. Principal Place of Business 1051 NW 14th St. #160 Suite, Apt. #, etc. 160 City & State Miami, FL Zip 33136 Country Dade		3. Mailing Address 1051 NW 14th St. #160 Suite, Apt. #, etc. 160 City & State Miami, FL Zip 33136 Country Dade	
4. FEI Number 06-1496045		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		02182004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent ANSPACH, NATHAN L 3309 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete	NAME CREASEY, HARRY E	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 90 STATE HOUSE SQUARE 10TH FLOOR	CITY-ST-ZIP HARTFORD, CT 06103	STREET ADDRESS	CITY-ST-ZIP
TITLE VP <input checked="" type="checkbox"/> Delete	NAME KINELL, JEFFERY	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 90 STATE HOUSE SQUARE 10TH FL.	CITY-ST-ZIP HARTFORD, CT 06103	STREET ADDRESS	CITY-ST-ZIP
TITLE VP <input type="checkbox"/> Delete	NAME ANSPACH, NATHAN L	TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3309 PONCE DE LEON BLVD.	CITY-ST-ZIP CORAL GABLES, FL 33146	NAME ANSPACH, Nathan L.	STREET ADDRESS 1051 NW 14th St. #160
TITLE VP <input type="checkbox"/> Delete	NAME Janice E. Hight	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 6910 Moores Lane	CITY-ST-ZIP Brentwood, TN 37027	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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: <u>Nathan L. Anspach</u>		Date: <u>2-17-2004</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <u>305 444-1514</u>	

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