

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005923

FILED
Apr 01, 2005
Secretary of State

Entity Name: KELSON PHARMACY SERVICES, INC.

Current Principal Place of Business:

1051 NW 14TH ST
160
MIAMI, FL 33136

New Principal Place of Business:

90 STATE HOUSE SQUARE
10TH FLOOR
HARTFORD, CT 06103

Current Mailing Address:

1051 NW 14TH ST
160
MIAMI, FL 33136

New Mailing Address:

90 STATE HOUSE SQUARE
10TH FLOOR
HARTFORD, CT 06103

FEI Number: 06-1496045

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANSPACH, NATHAN L
3309 PONCE DELEON BOULEVARD
CORAL GABLES, FL 33134 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: P () Delete
Name: CREASEY, HARRY E
Address: 90 STATE HOUSE SQUARE 10TH FLOOR
City-St-Zip: HARTFORD, CT 06103

Title: V () Delete
Name: ANSPACH, NATHAN L
Address: 1051 NW 14TH ST # 160
City-St-Zip: MIAMI, FL 33136

Title: V () Delete
Name: HIGHT, JANICE E
Address: 6910 MOORES LANE
City-St-Zip: BRENTWOOD, TN 37027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: WONNACOTT, JAMES C
Address: 90 STATE HOUSE SQUARE 10TH FLOOR
City-St-Zip: HARTFORD, CT 06103

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

Title: SEC (X) Change () Addition
Name: WANDS, JEFFREY A
Address: 90 STATE HOUSE SQUARE 10TH FLOOR
City-St-Zip: HARTFORD, CT 06103

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES C. WONNACOTT

CEO

04/01/2005

Electronic Signature of Signing Officer or Director

_____ Date