


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000002024</b> 1. Entity Name CURATIVE PHARMACY SERVICES, INC.	
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Principal Place of Business 150 MOTOR PARKWAY HAUPPAUGE, NY 11788	Mailing Address 150 MOTOR PARKWAY HAUPPAUGE, NY 11788
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**DO NOT WRITE IN THIS SPACE**



03232004 No Chg-P CR2E034 (10/03)

4. FEI Number 22-3891372	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
C T 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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees.	U000000124481 04/22/04-80047-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TELLA, WILLIAM C 150 MOTOR PARKWAY HAUPPAUGE, NY 11788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LANIS, NANCY F 150 MOTOR PARKWAY HAUPPAUGE, NY 11788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AXMACHER, THOMAS 150 MOTOR PARKWAY HAUPPAUGE, NY 11788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FESHBACH, JOSEPH 2105 WOODSIDE ROAD, 2ND FLOOR WOODSIDE, CA 94062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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)(f), 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:**  **3/24/04** **631-232-7000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #