


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90384 044 ***150.00

| | |
|---|---|
| DOCUMENT # F03000002024 |  |
| 1. Entity Name CURATIVE PHARMACY SERVICES, INC. | |

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|---|---|
| Principal Place of Business 61 SPIT BROOK ROAD NASHUA, NH 03060 | Mailing Address 61 SPIT BROOK ROAD NASHUA, NH 03060 |
|---|---|

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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

04172006 Chg-P CR2E034 (11/05)

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

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|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 | | 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.

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|-----------------|--|------------|
| SIGNATURE _____ | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|-----------------|--|------------|

| | | |
|---|--|------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|--|------------------------------------|

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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MCCONNELL, PAUL F 61 SPIT BROOK ROAD NASHUA, NH 03060 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LANIS, NANCY F 150 MOTOR PARKWAY HAUPPAUGE, NY 11788 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD PRIOR, JOHN C. 61 SPIT BROOK RD. NASHUA, NH 03060 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T AXMACHER, THOMAS 150 MOTOR PARKWAY HAUPPAUGE, NY 11788 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T AXMACHER THOMAS 61 SPIT BROOK RD. NASHUA, NH 03060 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

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|--|-----------------|---------|-----------------|
| SIGNATURE:  | Thomas Axmacher | 4/17/06 | 603 888 1500 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | Daytime Phone # |