

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # F03000006270 1. Entity Name CHOICE SOURCE THERAPEUTIC SOUTH, INC.						FILED 04 AUG 17 PM 3:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 3000 GALLERIA TOWER, SUITE 1000 BIRMINGHAM, AL 35244				Mailing Address 3000 GALLERIA TOWER, SUITE 1000 BIRMINGHAM, AL 35244				
2. Principal Place of Business <i>211 Commerce Street</i>		3. Mailing Address <i>211 Commerce Street</i>						
Suite, Apt. #, etc. <i>Suite 800</i>		Suite, Apt. #, etc. <i>Suite 800</i>						
City & State <i>Nashville TN</i>		City & State <i>Nashville TN</i>						
Zip <i>37201</i>		Country <i>USA</i>		Zip <i>37201</i>		Country <i>USA</i>		
4. FEI Number 43-1859307				Applied For Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>								
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004				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 NAME STREET ADDRESS CITY-ST-ZIP	PTCB FRAZIER, A D JR. 2211 SANDERS ROAD NORTHBROOK, IL 60062			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President David Golding 2211 Sanders Road Northbrook IL 60062		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD, President MCLURE, HOWARD A 2211 COMMERCE STREET, 8TH FLOOR NASHVILLE, TN 37201			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bradley S. Karro 211 Commerce Street Suite 800 Nashville TN 37201		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FINLEY, SARA J 2211 COMMERCE STREET, 8TH FLOOR NASHVILLE, TN 37201			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200040262492		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Sara J. Finley</i> <i>Sara J. Finley</i> <i>3/12/04</i> <i>605-743-6620</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>								



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 851091 7416132

AUTHORIZATION :

Patricia Pizuto

COST LIMIT : \$ 550.00

ORDER DATE : August 17, 2004

ORDER TIME : 2:17 PM

ORDER NO. : 851091-015

CUSTOMER NO: 7416132

CUSTOMER: Gina R. Clark
Caremark Rx, Inc.
8th Floor
211 Commerce St.
Nashville, TN 37201

ANNUAL REPORT FILING

NAME: CHOICE SOURCE THERAPEUTIC
SOUTH, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward-EXT#2935

EXAMINER'S INITIALS: _____

RECEIVED
04 AUG 17 PM 2:44
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2082