

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 MAY -6 AM 9:15

CLERK OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # F03000006270 1. Entity Name CHOICE SOURCE THERAPEUTIC SOUTH, INC.					
Principal Place of Business 211 COMMERCE STREET, STE. 800 NASHVILLE, TN 37201			Mailing Address 211 COMMERCE STREET, STE. 800 NASHVILLE, TN 37201		
2. Principal Place of Business 1048 Stanton Road Suite, Apt. #, etc. Suite A		3. Mailing Address Suite, Apt. #, etc. City & State Daphne AL			
City & State Daphne AL		City & State 		4. FEI Number 43-1859307	
Zip 36526		Country US		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)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing <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	V GOLDING, DAVID 2211 SANDERS ROAD NORTHBROOK, IL 60062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD MCLURE, HOWARD A 2211 COMMERCE STREET, 8TH FLOOR NASHVILLE, TN 37201		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FINLEY, SARA J 2211 COMMERCE STREET, 8TH FLOOR NASHVILLE, TN 37201		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARRO, BRADLEY S 211 COMMERCE STREET, STE. 800 NASHVILLE, TN 37201		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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>Denise Sommer</u> <i>Denise Sommer, Asst. Corp. Secretary</i> 5-5-05 68-743-6620 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 357763 7416132

AUTHORIZATION :

Patricia Piquito

COST LIMIT : \$ 550.00

ORDER DATE : May 6, 2005

ORDER TIME : 2:21 PM

ORDER NO. : 357763-030

CUSTOMER NO: 7416132

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

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

05 MAY -6 PM 3:04

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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: Sara Lea-EXT#2914

EXAMINER'S INITIALS: _____