2005 FOR PROFIT CORPORATION ANNUAL REPORT

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CORPORATION SERVICE COMPANY 201 HAVS STREET TALLAHASSEE, FL 32301-2525 City FL Zr) Code City City FL Zr) Code City FL	Zip	Country	Zip	Zip Country		5. Certificate	of Status Desired	□ \$8.75 Ac	Iditional	
CORPORATION SERVICE COMPANY 1201 HAVS STREET TALLAHASSEE, FL 32301-2525 City FL Zip Code					<u> </u>					
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signature	1201 HAYS STREET									
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the deligations of registered agent. Signan, blood or pritter have of registered agent and site 4 september.					City	Zip Code				
SIGNATURE Symbolic Novel of printed name of registered agent and last if applicable (NOTE: Registered Agent Expressive Instruction when renetating) DATE	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									
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SIGNATURE: Denis Sommer, Ast, Cop. Secretary 5-5-05 65-743-6620	of the cor	on this report or supplemental report poration or the receiver or trustee em	is true and accurate and that r cowered to execute this report	ny signa as recui	ilira chall hava tha i	ramo logal ofto:	rt ar it mada undar	onthe that I am an office		
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ACCOUNT NO. : 072100000032

REFERENCE :

35,7763

7416132

AUTHORIZATION :

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

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: