

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90210 019 ***150.00

DOCUMENT # F05000005770

1. Entity Name
PFIZER HEALTH SOLUTIONS INC.



Principal Place of Business
**235 EAST 42ND ST.
NEW YORK, NY 10017**

Mailing Address
**150 E. 42ND ST.
38TH FLR.
NEW YORK, NY 10017**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

6730 Lenox Center Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Attn: Tax Department

City & State

City & State

Memphis, TN

Zip

Country

Zip

38115

Country

04122007

Chg-P

CR2E034 (12/06)

4. FEI Number
13-3864070

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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.

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
**PD
BRANDT, PETER C
235 EAST 42ND ST.
NEW YORK, NY 10017** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
SORRY, JOHN
235 EAST 42ND ST.
NEW YORK, NY 10017** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
FRIEDE, ARNOLD I
235 EAST 42ND ST.
NEW YORK, NY 10017** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COLLETTI, SALVATORE ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
TARNOK, MICHAEL P
235 EAST 42ND ST.
NEW YORK, NY 10017** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
FERON, MARGART M
236 E. 42ND
NEW YORK, NY 10017** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FORAN, MARGARET M. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
BYANT, SUSAN
235 E. 42ND ST.
NEW YORK, NY 10017** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
GRANT, SUSAN ☒ Change ☐ 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.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-07

901-215-1243