## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT #F9700006383



FILED Apr 11, 2006 8:00 am Secretary of State

PHARMERICA DRUG SYSTEMS, INC.					04-11-2006 90114 018 ***150.00				
1300 MORR	ce of Business IS DRIVE OOK, PA 19087 US	Mailing Address 1300 MORRIS DRIVE CHESTERBROOK, PA 19	0087 US		I (DDI) (DB	Uruj	บบ		
2. Principal Place of Business  3. Mailing Address  3. Worris Drive  Suite, Apt. #, etc.			5 Drive	03222006 Chg-P CR2E034 (11/05)					
City & Stat	sterbrook PA	City & State Chesterbro	City & State Checkerbrook PA		4. FEI Numb 52-119			<del></del>	oplied For ot Applicable
Zip 190	087 Country USA	zip 19087	Country			of Status Desired	F	8.75 Add ee Require	
	6. Name and Address of Current F	tegistered Agent	Name		/. Name and	Address of New I	Kegisterea A	gent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 32334				Street Address (P.O. Box Number is Not Acceptable)					
7 6 11 17 11	02004		City					Zip Cod	е
							<u>FL</u>	, ·	
	named entity submits this statement for tions of registered agent.	the purpose of changing its r	egistered office o	r register	ed agent, or bo	oth, in the State of Fi	orida. I am fa	amiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE:	Registered Agent signal	ture required	when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaig Trust Fund Contril	· -		00 May Be ed to Fees				
10.	OFFICERS AND E	DIRECTORS	11.		ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHIELDS, WILLIAM G 1300 MORRIS DR CHESTERBROOK, PA 19087	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				<del>.</del>	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS WILLIAM, SPRAGUE 1300 MORRIS DRIVE CHESTER BROOK, PA 19087	∑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP+ John 1300 Che	becreto nenou Morris	ory Drive UK PA 1908		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC WEIDNER, DAVID 1300 MORRIS DR CHESTERBROOK, PA 19087	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HIRST, DANIEL T 1300 MORRIS DR CHESTERBROOK, FL 19087	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAT GREENHALL, RICHARD M 1300 MORRIS DRIVE CHESTERBROOK, PA 19087	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14006