

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000004768**

1. Entity Name  
**CARE PURCHASING SERVICES, INC.**



Principal Place of Business  
**400 LOCUST STREET  
STE 820  
DES MOINES, IA 50309-2334**

Mailing Address  
**400 LOCUST STREET  
STE 820  
DES MOINES, IA 50309-2334**



02282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**42-1475411**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000325623  
04/23/05-80025-001 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	THURSTON, STAN G
STREET ADDRESS	400 LOCUST STREET, STE 820
CITY-ST-ZIP	DES MOINES, IA 503092334
TITLE	S
NAME	KENNY, EDWARD R
STREET ADDRESS	400 LOCUST STREET, STE 820
CITY-ST-ZIP	DES MOINES, IA 503092334
TITLE	VD
NAME	HARRISON, MARY J
STREET ADDRESS	800 NW 17 AVENUE
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	CFO
NAME	NEIS, ARTHUR V
STREET ADDRESS	400 LOCUST STREET, STE 820
CITY-ST-ZIP	DES MOINES, IA 503092334
TITLE	D
NAME	EXLINE, RICK W
STREET ADDRESS	400 LOCUST STREET, STE 820
CITY-ST-ZIP	DES MOINES, IA 503092334
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

*Rebecca S. Stoll Assistant Secretary* **Rebecca S. Stoll 4-20-05 (515) 875-4679**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #