


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000005481**

1. Entity Name  
**ACCREDO HEALTH SERVICES (INFUSION), INC.**



Principal Place of Business <b>1640 CENTURY PKWY          SUITE 101          MEMPHIS, TN 38134</b>	Mailing Address <b>1640 CENTURY PKWY          SUITE 101          MEMPHIS, TN 38134</b>
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**DO NOT WRITE IN THIS SPACE**



03242005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>11-3454100</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 660 EAT JEFFERSON STREET  
 TALLAHASSEE, FL 32301**

**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 \_\_\_\_\_ (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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KIMBROUGH, JOEL R 1640 CENTURY CENTER PKWY STE. 101 MEMPHIS, TN 38134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BELL, THOMAS W JR. 1640 CENTURY CENTER PKWY #101 MEMPHIS, TN 38134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO STEVENS, DAVID 1640 CENTURY CENTER PKWY MEMPHIS, TN 38134
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 05/05/05-80025-021 150.00

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: Thomas W Bell **4/27/05** **901-385-3488**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #