2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008
Secretary of State

DOCUMENT# F98000005481

Entity Name: ACCREDO HEALTH SERVICES (INFUSION), INC.

Current Principal Place of Business:

1640 CENTURY PKWY
SUITE 101
MEMPHIS, TN 38134

New Principal Place of Business:

Current Mailing Address:

1640 CENTURY PKWY
SUITE 101
MEMPHIS, TN 38134

New Mailing Address:

FEI Number: 11-3454100 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete
Name: WENTWORTH, TIMOTHY
Address: 1640 CENTURY CENTER PKWY STE. 101
City-St-Zip: MEMPHIS, TN 38134

Title: V ( ) Delete
Name: FITZPATRICK, STEVEN R
Address: 1640 CENTURY CENTER PKWY #101
City-St-Zip: MEMPHIS, TN 38134

Title: S ( ) Delete
Name: MCINTOSH, COLLEEN
Address: 100 PARSONS POND DR.
City-St-Zip: FRANKLIN LAKES, NJ 07417

Title: T ( ) Delete
Name: HOSP, WALTER
Address: 100 PARSONS POND DR.
City-St-Zip: FRANKLIN LAKES, NJ 07417

Title: VP ( ) Delete
Name: COOLE, JEFFREY A
Address: 1640 CENTURY CENTER PKWY, ST. 101
City-St-Zip: MEMPHIS, TN 38134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: GAYLORD, PETER
Address: 100 PARSONS POND DR.
City-St-Zip: FRANKLIN LAKES, NJ 07417

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY A. COOLE VP 03/25/2008

Electronic Signature of Signing Officer or Director — Date