


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90174 034 \*\*\*150.00

<b>DOCUMENT # F99000005974</b> 1. Entity Name <b>DRUGMAX, INC.</b>					
Principal Place of Business <b>25400 US HWY 19 NORTH, STE 137 CLEARWATER, FL 33763 US</b>			Mailing Address <b>25400 US HWY 19 NORTH, STE 137 CLEARWATER, FL 33763 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>312 Farmington Avenue</b> Suite, Apt. #, etc.			
City & State Zip		City & State <b>Farmington CT</b> Zip <b>06032</b>		Country <b>Hartford</b>	
Country		Country		4. FEI Number <b>34-1755390</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>ESQUIVEL, JULIO C SHUMAKER, LOOP &amp; KENDRICK, LLP 101 E. KENNEDY BLVD. STE 2800 TAMPA, FL 33602</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SPERBER, MARTIN</b> <b>25400 US HWY 19 NORTH, STE 137</b> <b>CLEARWATER, FL 33763</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Please see attached list</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOWELL, HOWARD L</b> <b>701 SPOTTIS WOODS LANE</b> <b>CLEARWATER, FL 33756</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SUSHIL, SURI</b> <b>25400 US HWY 19 NORTH, STE 137</b> <b>CLEARWATER, FL 33763</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DTCF</b> <b>PATRICK, RONALD J</b> <b>25400 US HWY 19 NORTH, STE 137</b> <b>CLEARWATER, FL 33763</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TANEJA, JUGAL K</b> <b>6950 BRYAN DAIRY ROAD</b> <b>LARGO, FL 33777</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>LAGAMBA, WILLIAM L</b> <b>25400 US HWY 19 NORTH, STE 137</b> <b>CLEARWATER, FL 33763</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: _____</b> <b>February 28, 2005</b> <b>860.676.1828</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

## ATTACHMENT

400 28517  
# 499000005974



### *Directors:*

**Edgardo A. Mercadante**  
DrugMax, Inc.  
312 Farmington Avenue  
Farmington, CT 06032

**Director**

**Jay Taneja**  
DrugMax, Inc.  
25400 US Hwy 19N #137  
Clearwater, FL 33763

**Director**

**Dr. Phillip Gerbino**  
University of the Sciences – Philadelphia  
600 South 43<sup>rd</sup> Street  
Philadelphia, PA 19104-4495

**Director**

**Peter Grua**  
HLM Management Company  
222 Berkley Street, 21<sup>st</sup> Floor  
Boston, MA 02116

**Director**

**Mark Majeske**  
734 Highview Avenue  
Glen Ellyn, IL 60137

**Director**

**Dr. Rakesh K. Sharma**  
Heart & Vascular Institute of Florida  
1819 Alicia Way  
Clearwater, FL 33764

**Director**

**Laura Witt**  
ABS Capital Partners  
400 East Pratt Street, Suite 910  
Baltimore, MD 21202-3116

**Director**

ATTACHMENT

40028517  
# F99000005974



*Officers:*

Name

Title

**Edgardo A. Mercadante**  
DrugMax, Inc.  
312 Farmington Avenue  
Farmington, CT 06032

**CEO**

Residence: 23 Morgan Place  
Unionville, CT 06085

**William Lagamba**  
DrugMax, Inc.  
312 Farmington Avenue  
Farmington, CT 06032

**President & Chief Operation Officer**

Residence: 24500 US Hwy 19N, #137  
Clearwater, FL 33763

**Allison D. Kiene**  
DrugMax, Inc.  
312 Farmington Avenue  
Farmington, CT 06032

**Secretary**

Residence: 27 Bramblebrae Road  
South Windsor, CT 06074

**Dale Ribaud**  
DrugMax, Inc.  
312 Farmington Avenue  
Farmington, CT 06032

**Treasurer**

Residence: 26 Country Club Lane  
East Granby, CT 06026

**Donald Aderhold**  
DrugMax, Inc.  
312 Farmington Avenue  
Farmington, CT 06032

**Assistant Treasurer**

Residence: 119 Pond Place  
Middletown, CT 06457