

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F99000005974

FILED
Nov 06, 2006
Secretary of State

Entity Name: FAMILYMEDS GROUP, INC.

Current Principal Place of Business:

312 FARMINGTON AVENUE
FARMINGTON, CT 06032 US

New Principal Place of Business:

Current Mailing Address:

312 FARMINGTON AVENUE
FARMINGTON, CT 06032 US

New Mailing Address:

FEI Number: 34-1755390 **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 RD
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: CT CORPORATION SYSTEM

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TANEJA, JUGAL K
Address: 6950 BRYAN DAIRY ROAD
City-St-Zip: LARGO, FL 33777

Title: PCOC () Delete
Name: MERCADANTE, EDGARDO A
Address: 23 MORGAN PLACE
City-St-Zip: UNIONVILLE, CT 06085

Title: SVPT () Delete
Name: SEARSON, JAMES E
Address: 57 FENWICK DRIVE
City-St-Zip: FARMINGTON, CT 06032

Title: S () Delete
Name: KIENE, ALLISON D
Address: 27 BRAMBLEBRAE ROAD
City-St-Zip: SOUTH WINDSOR, CT 06074

Title: AT () Delete
Name: YONIKA, KENNETH
Address: 48 DONOVAN ROAD
City-St-Zip: OXFORD, CT 06478

Title: D () Delete
Name: GERBINO, PHILIP
Address: 610 WOOD HOLLOW ROAD
City-St-Zip: MARLTON, NJ 08053

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: COO (X) Change () Addition
Name: SEARSON, JAMES E
Address: 57 FENWICK DRIVE
City-St-Zip: FARMINGTON, CT 06032

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

Title: CFO (X) Change () Addition
Name: JAMES, BOLOGA
Address: 7 ANJA DRIVE
City-St-Zip: SIMSBURY, CT 06067

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ALLISON KIENE

Electronic Signature of Signing Officer or Director

S

11/06/2006

Date