

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K47289** (9)
1. Corporation Name
PREFERRED PHARMACY SERVICES, INC.

Principal Place of Business 95 HAYDEN AVE 1801 TRAPELO ROAD LEXINGTON MA 02173 US	Mailing Address 95 HAYDEN AVE 1801 TRAPELO ROAD LEXINGTON MA 02173 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 95 Hayden Ave. Suite, Apt. #, etc. 22 City & State 23 Lexington, MA Zip Country 24 02173 25 US	2a. Mailing Address 26 95 Hayden Ave. Suite, Apt. #, etc. 27 City & State 28 Lexington, MA Zip Country 29 02173 30 US	3. Date Incorporated or Qualified 11/18/1988	4. FEI Number 65-0068569 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBERMAN, MARC	1.2 NAME	
STREET ADDRESS	10 CROWN POINT RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUDBURY MA 01776	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWETT, GEOFFREY	2.2 NAME	
STREET ADDRESS	11 INDEPENDENCE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEPPERELL MA 01463	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMBEL, DAVID A	3.2 NAME	
STREET ADDRESS	1801 TRAPELO ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WALTHAM MA 02154	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ ASS'T. TREASURER **4/10/98** (781) 402-9000

CR2E034 (10/97)

PREFERRED PHARMACY SERVICES, INC.

**LIST OF OFFICERS AND DIRECTORS
EFFECTIVE 2/24/98**

DIRECTORS	OFFICE HELD	BUSINESS ADDRESS
GEOFFREY W. SWETT	DIRECTOR	95 HAYDEN AVENUE LEXINGTON, MA 02173
BEN J. LIPPS	DIRECTOR	95 HAYDEN AVENUE LEXINGTON, MA 02173
OFFICERS	OFFICE HELD	BUSINESS ADDRESS
GEOFFREY SWETT	PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02173
SYED KAMAL	VICE PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02173
PATRICK MORIARTY	VICE PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02173
JOSEPH J. RUMA	VICE PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02173
RONALD J. KUERBITZ	VICE PRESIDENT	95 HAYDEN AVENUE LEXINGTON, MA 02173
HEINZ J. SCHMIDT	TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02173
MARC S. LIEBERMAN	ASSISTANT TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02173
JAMES V. LUTHER	ASSISTANT TREASURER	95 HAYDEN AVENUE LEXINGTON, MA 02173
DOUGLAS G. KOTT	SECRETARY	95 HAYDEN AVENUE LEXINGTON, MA 02173
DAVID A. KEMBEL	ASSISTANT SECRETARY	95 HAYDEN AVENUE LEXINGTON, MA 02173
MARK C. WILSON	ASSISTANT SECRETARY	95 HAYDEN AVENUE LEXINGTON, MA 02173