## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR

SIGNATURE:

## Apr 18, 2006 8:00 am Secretary of State DOCUMENT # K51730 1. Entity Name EXPRESS PHARMACY SERVICES, INC. 04-18-2006 90081 048 \*\*\*150.00 Principal Place of Business Mailing Address 1300 MORRIS DRIVE 1300 MORRIS DRIVE 40052927 CHESTERBROOK, PA 19087 US CHESTERBROOK, PA 19087 US 2. Principal Place of Business 3. Mailing Address 1300 Morris Drive 1300 Morris Drive Suite, Apt. #\_etc. Suite, Apt. #, etc. 04062006 Cha-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For nesterbrook 59-2919363 Not Applicable Zip Country USA \$8.75 Additional 5. Certificate of Status Desired 9087 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. SVPS VPa-Secretary TITLE XI Delete TITLE ☐ Change Addition NAME SPRAGUE, WILLIAM D John Chou NAME 1300 MORRIS DRIVE 1200 Morris Drive STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHESTERBROOK, PA 19087 CITY-ST-ZIP Chesterbrook PA 19087 PD TITLE ☐ Delete Change ☐ Addition TITLE SHIELDS, WILLIAM G NAME NAME 1300 MORRIS DRIVE STREET ADDRESS STREET ADDRESS CHESTERBROOK, PA 19087 CITY-ST-ZIP CITY-ST-ZIP SVDC ☐ Change TITLE ☐ Delete ☐ Addition NAME WEIDNER, DAVID NAME STREET ADDRESS 1300 MORRIS DRIVE STREET ADDRESS CITY-ST-ZIP CHESTERBROOK, PA 19087 CITY-ST-7IP TITLE VAS Delete TITLE ☐ Change Addition GREENHALL, RICHARD M NAME NAME 1300 MORRIS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CHESTERBROOK, PA 19087 ☐ Change Addition ☐ Delete TITLE TITLE HIRST, DANIEL T NAME NAME 1300 MORRIS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHESTERBROOK, PA 19087 CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

FILED