


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90183 014 ***150.00

DOCUMENT # P03000110747

1. Entity Name
SPECIALTY INFUSION PHARMACY, INC.



Principal Place of Business
**604 EAST HUNTINGTON DRIVE
 MONROVIA, CA 91016**

Mailing Address
**250 TECHNOLOGY PARK
 LAKE MARY, FL 32746 US**

40069913



2. Principal Place of Business
13900 Riverport Drive
 Suite, Apt. #, etc.

3. Mailing Address
13900 Riverport Drive
 Suite, Apt. #, etc.

01122006 Chg-P CR2E034 (11/05)

City & State
Maryland Heights, MO

City & State
Maryland Heights, MO

Zip
63043

Country
USA

4. FEI Number
74-3105470

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P COSLER, STEVEN D <input checked="" type="checkbox"/> Delete 250 TECHNOLOGY PARK LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SHANAHAN, REBECCA M <input checked="" type="checkbox"/> Delete 250 TECHNOLOGY PARK LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SAFT, STEPHEN M <input checked="" type="checkbox"/> Delete 250 TECHNOLOGY PARK LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOLAN, TRACY <input checked="" type="checkbox"/> Delete 250 TECHNOLOGY PARK LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Domenic Meffe 13900 Riverport Drive Maryland Heights, MO 63043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Donald Howard 13900 Riverport Drive Maryland Heights, MO 63043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Keith Ebling 13900 Riverport Drive Maryland Height, MO 63043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ed Stiffen 13900 Riverport Drive Maryland Heights, MO 63043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition R. Anthony DiLeo 13900 Riverport Drive Maryland Heights, MO 63043
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 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 changed, or on an attachment with an address with all other like employed.

SIGNATURE: R. Anthony DiLeo **R. Anthony DiLeo** 4/17/06 314-770-1666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

400 69913

P03060110747

Specialty Infusion Pharmacy, Inc.

13900 Riverport Drive

Maryland Heights, Missouri 63043

Date of Incorporation: 10/07/2003

State of Incorporation: Florida

FEIN: 74-3105470

List of Directors and Officers

President and Chief Executive Officer	Domenic Meffe 199-60-6916 13900 Riverport Drive Maryland Hgts., MO 63043
Vice President and COO	Donald Howard 170-48-8625 13900 Riverport Drive Maryland Hgts., MO 63043
Vice President and Director	George Paz 486-66-0165 8016 Gannon Ave. St. Louis, MO 63130
Vice President and Treasurer	Ed Stiften 496-62-5403 2223 Oberhelman Rd. Foristell, MO 63348
Vice President and Secretary	Keith Ebling 497-78-4885 13900 Riverport Drive Maryland Hgts., MO 63043
Assistant Secretary	Thomas M. Boudreau 491-56-6297 13333 Kings Glen Drive St. Louis, MO 63131
Assistant Secretary	R. Anthony DiLeo 500-50-0644 733 Rolfe Drive St. Louis, MO 63122