


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2006 90183 014 \*\*\*150.00

<b>DOCUMENT # P03000110747</b>		
1. Entity Name <b>SPECIALTY INFUSION PHARMACY, INC.</b>		

Principal Place of Business <b>604 EAST HUNTINGTON DRIVE MONROVIA, CA 91016</b>	Mailing Address <b>250 TECHNOLOGY PARK LAKE MARY, FL 32746 US</b>
--	--

40069913



2. Principal Place of Business <b>13900 Riverport Drive</b> Suite, Apt. #, etc.	3. Mailing Address <b>13900 Riverport Drive</b> Suite, Apt. #, etc.
---	---

01122006 Chg-P CR2E034 (11/05)

City & State <b>Maryland Heights, MO</b>	City & State <b>Maryland Heights, MO</b>
Zip <b>63043</b>	Country <b>USA</b>

4. FEI Number <b>74-3105470</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>	
--	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</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 Signature, typed or printed name of registered agent and title if applicable.	DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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>
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P COSLER, STEVEN D 250 TECHNOLOGY PARK LAKE MARY, FL 32746 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Domenic Meffe 13900 Riverport Drive Maryland Heights, MO 63043 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SHANAHAN, REBECCA M 250 TECHNOLOGY PARK LAKE MARY, FL 32746 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Donald Howard 13900 Riverport Drive Maryland Heights, MO 63043 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SAFT, STEPHEN M 250 TECHNOLOGY PARK LAKE MARY, FL 32746 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Keith Ebling 13900 Riverport Drive Maryland Heights, MO 63043 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOLAN, TRACY 250 TECHNOLOGY PARK LAKE MARY, FL 32746 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Ed Stiffen 13900 Riverport Drive Maryland Heights, MO 63043 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary R. Anthony DiLeo 13900 Riverport Drive Maryland Heights, MO 63043 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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 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 empowered.	
SIGNATURE: <b>R. Anthony DiLeo</b>	<b>4/17/06 314-770-1666</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

**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