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FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P18884** **(7)**

1. Corporation Name
CURATIVE HEALTH SERVICES, INC.

Principal Place of Business	Mailing Address
~~14 RESEARCH WAY~~ ~~SETAUKET NY 11733~~	~~14 RESEARCH WAY~~ ~~SETAUKET NY 11733~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/19/1988

2. Principal Place of Business	2a. Mailing Address
21 150 MOTOR PARKWAY	26 150 MOTOR PARKWAY
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 HAUPPAUGE NY	City & State 28 HAUPPAUGE NY
Zip 24 11788 Country 25 SUFFOLK	Zip 29 11788 Country 30 SUFFOLK

4. FEI Number: 41-1503914 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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's signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MOUFFLET, GERARD		1.2 NAME		
STREET ADDRESS	101 FEDERAL ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA 02109		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MAULDIN, TIMOTHY		2.2 NAME		
STREET ADDRESS	9900 BREN RD E STE 421		2.3 STREET ADDRESS		
CITY-ST-ZIP	MINNETONKA MN		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STUESSER, LAWRENCE		3.2 NAME		
STREET ADDRESS	41 PLYMPTON RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	SUDBURY MA		3.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PRIOR, JOHN		4.2 NAME		
STREET ADDRESS	~~14 RESEARCH WAY~~ 150 MOTOR PARKWAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	~~SETAUKET NY~~ HAUPPAUGE NY 11788		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HOFF, LAWRENCE		5.2 NAME		
STREET ADDRESS	4161 BRONSON BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	KALAMAZOO MI		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	VAKOUTIS, JOHN		6.2 NAME		
STREET ADDRESS	~~14 RESEARCH WAY~~ 150 MOTOR PARKWAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	~~SETAUKET NY 11733~~ HAUPPAUGE NY 11788		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 _____ DATE _____