

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18884

FILED
Apr 13, 2005
Secretary of State

Entity Name: CURATIVE HEALTH SERVICES CO.

Current Principal Place of Business:

150 MOTOR PKWY
HAUPPAUGE, NY 11788 US

New Principal Place of Business:

Current Mailing Address:

150 MOTOR PKWY
HAUPPAUGE, NY 11788 US

New Mailing Address:

61 SPIT BROOK RD
NASHUA, NH 03060 US

FEI Number: 41-1503914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: AXMACHER, THOMAS
Address: 150 MOTOR PKWY
City-St-Zip: HAUPPAUGE, NY 11788

Title: D () Delete
Name: FESHBACH, JOSEPH
Address: 2105 WOODSIDE RD.
City-St-Zip: REDWOOD CITY, CA 94062

Title: D () Delete
Name: LANIS, NANCY
Address: 150 MOTOR PKWY.
City-St-Zip: HAUPPAUGE, NY 11788

Title: PD () Delete
Name: PRIOR, JOHN,
Address: 150 MOTOR PKWY
City-St-Zip: HAUPPAUGE, NY 11788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MCCONNELL, PAUL F
Address: 61 SPIT BROOK RD
City-St-Zip: NASHUA, NH 03060

Title: SD (X) Change () Addition
Name: LANIS, NANCY
Address: 150 MOTOR PKWY.
City-St-Zip: HAUPPAUGE, NY 11788

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS AXMACHER

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04/13/2005

Electronic Signature of Signing Officer or Director

Date