
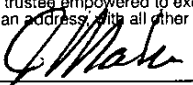


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90088 041 \*\*\*150.00

<b>DOCUMENT # P96000075474</b> 1. Entity Name <b>CONSOLIDATED PHARMACY SERVICES, INC.</b>					
Principal Place of Business <b>1800 BARRS STREET JACKSONVILLE, FL 32204</b>			Mailing Address <b>C/O LAURIE S TEPPERT 1801 BARRS STREET SUITE 615 JACKSONVILLE, FL 32204 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3398033</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TEPPERT, LAURIE S 1801 BARRS STREET SUITE 615 JACKSONVILLE, FL 32204				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 _____ (NOTE: Registered Agent signature required when reinstating) 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	DP MAHER, JOHN J 1801 BARRS STREET SUITE 600 JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NORMAN, JEFFREY 1801 BARRS STREET JACKSONVILLE, FL 32204 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WHALEN, SCOTT 1800 BARRS STREET JACKSONVILLE, FL 32204 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CORRIGAN, JAMES M 1801 BARRS STREET SUITE 600 JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PERRY, KENNETH C 1801 BARRS STREET JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SINCLAIR, DONNA 1801 BARRS STREET SUITE 600 JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: 			JOHN MAHER		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4-10-06 Daytime Phone # 904-308-4002		

40053586



04072006 Chg-P CR2E034 (11/05)