

No. <b>C 156337</b>		Due no later than Sep 30, 2009		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  COMPREHENSIVE PHARMACY SERVICES, INC. BJ HILL 6409 QUAIL HOLLOW RD MEMPHIS TN 38120		NATIONAL REGISTERED AGENTS INC 1423 TYRELL LANE BOISE ID 83706- USA		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	GLENN ETOW	3151 AIRWAY AVE, ST. L-2	COSTA MESA	CA	USA	92626
PRESIDENT	DON NICKLESON	6409 QUAIL HOLLOW ROAD	MEMPHIS	TN	USA	38120
SECRETARY	BARBARA ETHERIDGE	6409 QUAIL HOLLOW ROAD	MEMPHIS	TN	USA	38120
DIRECTOR	JOE HAYES	200 SOUTH COMMERCE STREET SUITE 400	LITTLE ROCK	AR	USA	72201
DIRECTOR	DONALD L ROGERS	11020 MUIRFIELD DR	RANCHO MIRAGE	CA	USA	92270
DIRECTOR	CLIFTON B PHILLIPS	750 CROSSOVER LANE	MEMPHIS	TN	USA	38117
DIRECTOR	CHARLES R HANDORF	1591 PEABODY AVE	MEMPHIS	TN	USA	38104
DIRECTOR	DOUGLAS J MARCHANT	PO BOX 1000 DEPT 380	MEMPHIS	TN	USA	38148
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
<b>CA</b> <b>C 156337</b>		Signature: BJ Hill		Date: 07/24/2009		
		Name (type or print): BJ Hill		Title: Sr. Accountant		
Processed 07/24/2009		* Electronically provided signatures are accepted as original signatures.				