

No. C 156337		Due no later than Sep 30, 2007		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. COMPREHENSIVE PHARMACY SERVICES, INC. BARBARA ETHERIDGE 6409 QUAIL HOLLOW RD MEMPHIS TN 38120		NATIONAL REGISTERED AGENTS 1423 TYRELL LN BOISE ID 83706			
				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	JOE HAYES	200 SOUTH COMMERCE STREET SUITE 400	LITTLE ROCK	AR	USA	72201	
DIRECTOR	EDWARD G HIRSCHMAN	33 LINDA ISLE DRIVE	NEWPORT BEACH	CA	USA	92660	
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	3315 POINT SOUTH COVE	MEMPHIS	TN	USA	38125	
PRESIDENT	DON NICKLESON	6409 QUAIL HOLLOW ROAD	MEMPHIS	TN	USA	38120	
SECRETARY	BARBARA ETHERIDGE	6409 QUAIL HOLLOW ROAD	MEMPHIS	TN	USA	38120	
5. Organized Under the Laws of: CA C 156337		6. Annual Report must be signed.* Signature: Tina Peters Name (type or print): Tina Peters Date: 08/17/2007 Title: Staff Accountant					
Processed 08/17/2007		* Electronically provided signatures are accepted as original signatures.					