

No. C 156337		Due no later than Sep 30, 2006		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		Annual Report Form 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
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: CALIFORNIA C 156337		6. Annual Report must be signed.* Signature: Barbara Etheridge Name (type or print): Barbara Etheridge Date: 07/12/2006 Title: Secretary				
Processed 07/12/2006		* Electronically provided signatures are accepted as original signatures.				