


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000005731 1. Entity Name FAMILYMEDS, INC.	
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Principal Place of Business 312 FARMINGTON AVENUE FARMINGTON, CT 06032	Mailing Address 312 FARMINGTON AVENUE FARMINGTON, CT 06032
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 06-1283776	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC MERCADANTE, EDGARDO A 312 FARMINGTON AVENUE FARMINGTON, CT 06032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KIENE, ALLISON D 312 FARMINGTON AVE FARMINGTON, CT 06032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIBAUDO, DALE 312 FARMINGTON AVENUE FARMINGTON, CT 06032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINACORI, NICHOLAS E 300 FIRST STAMFORD PLACE STAMFORD, CT 06902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERBINO, PHILIP 600 S. 43RD STREET PHILADELPHIA, PA 19115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000002504
01/13/04-80016-015 158.75

12. I hereby certify that the information supplied with this filing does not qualify 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 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: ALLISON D. KIENE JAN 7, 04 860.676.1222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone