


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000000669

1. Entity Name
ACCREDO HEALTH GROUP, INC.



Principal Place of Business
**1640 CENTURY CENTER PKWY
 SUITE 101
 MEMPHIS, TN 38134**

Mailing Address
**1640 CENTURY CENTER PKWY
 SUITE 101
 MEMPHIS, TN 38134**

DO NOT WRITE IN THIS SPACE



04082004 No Chg-P CR2E034 (10/03)

4. FEI Number
11-3358535

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T 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	PD KIMBROUGH, JOEL R 1640 CENTURY CENTER PKWY, SUITE 101 MEMPHIS, TN 38134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BELL, THOMAS W JR 1640 CENTURY CENTER PKWY, SUITE 101 MEMPHIS, TN 38134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO STEVENS, DAVID D 1640 CENTURY CENTER PKWY, SUITE 101 MEMPHIS, TN 38134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATRICK, STEVE FITZ 1640 CENTURY CENTER PKWY, SUITE 101 MEMPHIS, TN 38134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

400000153467
 05/04/04-80127-019 150.00

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: Thomas W. Bell Jr. Thomas W. Bell Jr. 4/28/04 901-385-3866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #