


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # F97000000669 1. Entity Name ACCREDO HEALTH GROUP, INC.	
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Principal Place of Business 1640 CENTURY CENTER PKWY SUITE 101 MEMPHIS, TN 38134	Mailing Address 1640 CENTURY CENTER PKWY SUITE 101 MEMPHIS, TN 38134
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03242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3358535	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	

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05/05/05-80025-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Date: 4/27/05 Daytime Phone #: 901-385-3688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR