

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000669

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: ACCREDO HEALTH GROUP, INC.

**Current Principal Place of Business:**

1640 CENTURY CENTER PKWY  
SUITE 101  
MEMPHIS, TN 38134

**New Principal Place of Business:**

**Current Mailing Address:**

1640 CENTURY CENTER PKWY  
SUITE 101  
MEMPHIS, TN 38134

**New Mailing Address:**

FEI Number: 11-3358535      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCEO ( ) Delete  
Name: WENTWORTH, TIMOTHY C  
Address: 1640 CENTURY CENTER PKWY, SUITE 101  
City-St-Zip: MEMPHIS, TN 38134

Title: S ( ) Delete  
Name: COLLEN, MCINTOSH  
Address: 100 PARSONS POND DRIVE  
City-St-Zip: FRANKLIN LAKES, NJ 07417

Title: T ( ) Delete  
Name: GAYLORD, PETER  
Address: 100 PARSONS POND DRIVE  
City-St-Zip: FRANKLIN LAKES, NJ 07417

Title: VP ( ) Delete  
Name: COOLE, JEFFREY A  
Address: 1640 CENTURY CENTER PKWY STE 101  
City-St-Zip: MEMPHIS, TN 38134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY A. COOLE

VP

03/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date