

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 26 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K41820 (7)**  
 1. Corporation Name  
**INTEGRATED PHARMACY SOLUTIONS, INC.**



Principal Place of Business % JESS L. STRINGER 2301 LUCIEN WAY SUITE-030 MAITLAND FL 32751 US	Mailing Address % JESS L. STRINGER 2301 LUCIEN WAY SUITE 330 MAITLAND FL 32751 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc. <b>Suite 200</b>	26. <b>2839 Paces Ferry Rd</b>
22. City & State	27. <b>Ste 450</b>
23. Zip	28. <b>Atlanta GA</b>
24. Country	29. <b>30339</b>
25. Country	30. <b>U.S.</b>

3. Date Incorporated or Qualified <b>10/28/1988</b>	4. FEI Number <b>59-2917735</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**STRINGER, JESS L.**  
**2301 LUCIEN WAY**  
**SUITE-030**  
**MAITLAND FL FL 32751**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. <b>Suite 200</b>
84. City
<b>FL</b> 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE N/A (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>STRINGER, JESS L.</b>	
STREET ADDRESS	<b>358 FITZHUGH ROAD</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	
TITLE	†	<input type="checkbox"/> DELETE
NAME	<b>SHELLY, CRAIGUE</b>	
STREET ADDRESS	<b>451 VERDANT WOODS COURT</b>	
CITY-ST-ZIP	<b>POWDER SPRINGS GA 30073</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>2301 Lucien Way Suite 200</b>
1.4 CITY-ST-ZIP	<b>Maitland Florida 32751</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>2839 Paces Ferry Rd Ste 450</b>
2.4 CITY-ST-ZIP	<b>Atlanta Georgia 30339</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] **Shelly L. Craige** 2-12-98 770-437-7804

CR2E034 (10/97)