

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

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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90210 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **K41820**

1. Corporation Name
INTEGRATED PHARMACY SOLUTIONS, INC.



Principal Place of Business: % JESS L. STRINGER, 2301 LUCIEN WAY, STE 200, MAITLAND FL 32751, US
 Mailing Address: ~~DEEMER, RON~~ 2839 PACES FERRY RD, STE 430, ATLANTA GA 30339, US
ATTN: DIR, ADMINISTRATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 Suite, Apt. #, etc.
 22 City & State: 23 ATLANTA GA
 24 Zip: 25 30339 29 Country: 30 COBB

3. Date incorporated or Qualified: 10/28/1988
 4. FEI Number: 59-2917735
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
 STRINGER, JESS L.
 2301 LUCIEN WAY
~~SUITE 300~~
 MAITLAND FL FL 32751

10. Name and Address of New Registered Agent
 81 Name: SUITE 200
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 SUITE 200
 84 City: FL 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STRINGER, JESS L.	
STREET ADDRESS	2301 LUCIEN WAY, STE 200	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SHELLY, CRAIGUE	
STREET ADDRESS	2839 PACES FERRY RD, STE 450	
CITY-ST-ZIP	ATLANTA GA 30339	
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		
1.4 CITY-ST-ZIP		
2.1 TITLE	SEC TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CONNIE V. ANDREWS	
2.3 STREET ADDRESS	2839 PACES FERRY RD, STE 340	
2.4 CITY-ST-ZIP	ATLANTA, GA 30339	
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, with all other like empowered.

SIGNATURE: CONNIE V. ANDREWS 3/5/99 770.801.6905
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)