


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90108 027 ***150.00

DOCUMENT # K41820
 1. Entity Name
INTEGRATED PHARMACY SOLUTIONS, INC.



Principal Place of Business 2301 LUCIAN WAY SUITE 200 MAITLAND FL, FL 32751 US	Mailing Address 151 FARMINGTON AVENUE W101 HARTFORD, CT 06156 US
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00003124



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2917735	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
 1200 S. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

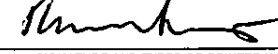
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC WALLO, EDWARD M 980 JOLLY RD BLUE BELL, PA 19422
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BASKIN, WILLIAM C III 151 FARMINGTON AVENUE HARTFORD, CT 06156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP SMITH, RUSSELL P 151 FARMINGTON AVE. HARTFORD, CT 06156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ORKINS, LAWRENCE G JR 151 FARMINGTON AVENUE HARTFORD, CT 06156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT COFRANCESCO, ELAINE R 151 FARMINGTON AVE. HARTFORD, CT 06156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC WEISS, JAMES D 980 JOLLY ROAD BLUE BELL, PA 19422

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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)(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:  **V.P. & Treasurer** **01/12/05** **86023-1324**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #