2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K41820

Title:

Name:

Address:

City-St-Zip:

NTEGRATED PHARMACY SOLUTIONS INC

FILED Apr 13, 2009 Secretary of State

Entity Name: INTEGRATED PHARMACY SOLUTIONS, INC.							
Current Principal Place of Business:			New Princi	New Principal Place of Business:			
2301 LUCIA SUITE 200 MAITLAND	N WAY FL, FL 32751	US		NGTON AVE. D, CT 06071	US		
Current Ma	ailing Address	:	New Mailir	New Mailing Address:			
	NGTON AVENU	JE					
W101 HARTFORI	D, CT 06156	US					
FEI Number:	59-2917735	FEI Number Applied For ()	FEI Number Not Appli	cable ()	Certificate of Status Desire	d()	
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
	ORATION IE ISLAND ROA DN, FL 33324	AD US					
The above in the State		bmits this statement for the purp	pose of changing it	s registered of	fice or registered agent,	or both,	
SIGNATUR	E:						
	Electronic	Signature of Registered Agent			Date		
Election Cam	paign Financing 1	Trust Fund Contribution ().					
OFFICERS	AND DIRECTO	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () D LEE, EDWARD C 151 FARMINGTO HARTFORD, CT	N AVENUE	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	VPAS () D BELLIZZI, JERRY 151 FARMINGTO HARTFORD, CT	′ J N AVE.	Title: Name: Address: City-St-Zip:	V.AS (X) BELLIZZI, JERR 151 FARMINGTO HARTFORD, CT	ON AVE.		
Title: Name: Address: City-St-Zip:	S () D AFFRICANO, TON 151 FARMINGTO HARTFORD, CT	IYA M N AVENUE	Title: Name: Address: City-St-Zip:	SECY (X) AFFRICANO, TO 151 FARMINGTO HARTFORD, CT	ON AVENUE		
Title: Name: Address: City-St-Zip:	VPT () C COFRANCESCO, 151 FARMINGTO HARTFORD, CT	N AVE.	Title: Name: Address: City-St-Zip:	()	Change () Addition		

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.

Title:

Name:

Address:

City-St-Zip:

VCON

MAHONEY, STEPHEN M

151 FARMINGTON AVE.

HARTFORD, CT 06156

(X) Change () Addition

SIGNATURE: EDWARD C. LEE PRES 04/13/2009

() Delete

MAHONEY, STEPHEN M

151 FARMINGTON AVE.

HARTFORD, CT 06156