

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000111379

FILED
Apr 23, 2004
Secretary of State

Entity Name: INSTITUTIONAL PHARMACY SERVICES, INC.

Current Principal Place of Business:

110 CENTURY BOULEVARD
1ST FLOOR
WEST PALM BEACH, FL 33417

New Principal Place of Business:

2972 NW 60TH STREET
FORT LAUDERDALE, FL 33309

Current Mailing Address:

110 CENTURY BOULEVARD
1ST FLOOR
WEST PALM BEACH, FL 33417

New Mailing Address:

2972 NW 60TH STREET
1ST FLOOR
FORT LAUDERDALE, FL 33309

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARTZ, PHILIP L
2000 GLADES ROAD
SUITE 208
BOCA RATON, FL 33431 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: P () Delete
Name: ROMBRO, DAVID W
Address: 110 CENTURY BOULEVARD, 1ST FLOOR
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VP () Delete
Name: KOTLARSKY, S. MAYER
Address: 110 CENTURY BOULEVARD, 1ST FLOOR
City-St-Zip: WEST PALM BEACH, FL 33417

Title: CFO () Delete
Name: MATKO, RAYMOND
Address: 110 CENTURY BOULEVARD, 1ST FLOOR
City-St-Zip: WEST PALM BEACH, FL 33417

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROMBRO, DAVID W
Address: 2972 NW 60TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: VP (X) Change () Addition
Name: KOTLARSKY, S. MAYER
Address: 2972 NW 60TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: CFO (X) Change () Addition
Name: MATKO, RAYMOND
Address: 2972 NW 60TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID W. ROMBRO

P

04/23/2004

Electronic Signature of Signing Officer or Director

_____ Date