

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #: P98000077172
1. Entity Name
ADVANCED PHARMACY SOLUTIONS, INC

Principal Place of Business 11100 66TH STREET NORTH #14 LARGO FL 33773 US	Mailing Address 11100 66TH STREET NORTH #14 LARGO FL 33773 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 59-3534598 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CHRISTINE BRON
 11100 66th St. North
 #14
 LARGO, FL 33773

7. Name and Address of New Registered Agent
 Name: MANDEEP K. TANEJA
 Street Address (P.O. Box Number is Not Acceptable): 6925 112th Circle North, Suite 101
 City: LARGO FL Zip Code: 33773

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.

SIGNATURE *[Signature]* / MANDEEP K. TANEJA, VICE PRESIDENT 9/7/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when re-registering) DATE


9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00** **After September 12, 2001 Fee will be \$750.00** **Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
President MICHELLE LAGAMBA 5421 KARISBU PALM HARBOR FL 34685		000004596960- -09/18/01--01045--00 ***200 00 ***200 00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VICE PRESIDENT MANDEEP K. TANEJA 6950 BAYAN BAY ROAD LARGO, FL 33782			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 9/16/01 337-937-1394
DATE DAYTIME PHONE #

RECORDED AND FILED
 01-SEP 17 PM 11:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 00075912


DO NOT WRITE IN THIS SPACE

11000010

11000010

STATEMENT 00-01

[Signature]