

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000004236

**Entity Name:** INTEGRATED PHARMACY SOLUTIONS, INC.

**Current Principal Place of Business:**

309 NW TOSCANE TRAIL  
PORT ST LUCIE, FL 34986

**Current Mailing Address:**

309 NW TOSCANE TRAIL  
PORT ST LUCIE, FL 34986 US

**FEI Number:** 04-3377392

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DEPIETRO, STEPHEN  
309 NW TOSCANE TRAIL  
PORT ST LUCIE, FL 34986 US

*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:** STEPHEN DEPIETRO

04/23/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, SECRETARY,  
                      TREASURER  
Name            MOEN, MATT C  
Address        46 FOX RUN RD  
City-State-Zip: BOLTON MA 01740

*I hereby 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 all other like empowered.*

**SIGNATURE:** MOEN, MATT C

PRESIDENT

04/23/2024

Electronic Signature of Signing Officer/Director Detail

Date