

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002569

FILED
Apr 02, 2009
Secretary of State

Entity Name: INSTITUTIONAL PHARMACY SERVICES, INC.

Current Principal Place of Business:

6409 QUAIL HOLLOW ROAD
MEMPHIS, TN 38120

New Principal Place of Business:

Current Mailing Address:

6409 QUAIL HOLLOW ROAD
MEMPHIS, TN 38120

New Mailing Address:

FEI Number: 95-3810548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD () Delete
Name: NICKELSON, DON
Address: 6409 QUAIL HOLLOW ROAD
City-St-Zip: MEMPHIS, TN 38120

Title: S () Delete
Name: ETHERIDGE, BARBARA
Address: 6409 QUAIL HOLLOW ROAD
City-St-Zip: MEMPHIS, TN 38120

Title: D () Delete
Name: HIRSCHMAN, ED
Address: 33 LINDA ISLE DRIVE
City-St-Zip: NEWPORT BEACH, CA 92660

Title: D () Delete
Name: HANDORF, CHARLES DR
Address: 1591 PEABODY AVENUE
City-St-Zip: MEMPHIS, TN 38104

Title: D () Delete
Name: MARCHANT, DOUGLAS
Address: 3315 POINT SOUTH COVE
City-St-Zip: MEMPHIS, TN 38125

Title: D () Delete
Name: PHILLIPS, CLIFTON
Address: 750 CROSSOVER LANE
City-St-Zip: MEMPHIS, TN 38117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DONALD J. NICKLESON

PRES

04/02/2009

Electronic Signature of Signing Officer or Director

Date