

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 14 1997 8:00 am  
Secretary of State

DOCUMENT # **K41820** (7)

1. Corporation Name

**INTEGRATED PHARMACY SOLUTIONS, INC.**

Principal Place of Business

% JESS L. STRINGER  
2301 LUCIEN WAY SUITE 330  
MAITLAND FL 32751  
US

Mailing Address

% JESS L. STRINGER  
2301 LUCIEN WAY SUITE 330  
MAITLAND FL 32751-7025  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

10/28/1988

3a. Date of Last Report

03/29/1996

4. FEI Number

59-2917735

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

STRINGER, JESS L.  
2301 LUCIEN WAY  
SUITE 330  
MAITLAND FL FL 32751

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **STRINGER, JESS L.**  
STREET ADDRESS **358 FITZHUGH RD.**  
CITY-ST-ZIP **WINTER PARK FL**

TITLE **ST** ☒ DELETE  
NAME **SHIRLEY, SHARON A.**  
STREET ADDRESS **1810 LAKESHORE CIRCLE**  
CITY-ST-ZIP **LONGWOOD FL**

TITLE **T** ☐ DELETE  
NAME **SHELLY, CRAIGUE**  
STREET ADDRESS **451 VERDANT WOODS COURT**  
CITY-ST-ZIP **POWDER SPRINGS GA 30073**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT/SECRETARY** ☒ Change ☐ Addition  
1.2 NAME **STRINGER, JESS L.**  
1.3 STREET ADDRESS **358 FITZHUGH RD.**  
1.4 CITY-ST-ZIP **WINTER PARK, FL 32792**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Jess L. Stringer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97

407-875-6687

CR2E034 (9/96)