2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State
01-17-2003 90056 017 ***150.00

DOCUMENT # K41820

1. Entity Name
INTEGRATED PHARMACY SOLUTIONS, INC.

Principal Place of Business	Mailing Address
2301 LUCIAN WAY	151 FARMINGTON AVENUE
SUITE 200	W101
MAITLAND FL FL 32751	HARTFORD CT 06156
US	US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2917735 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LEIBFREID, DAVID E 980 JOLLY ROAD BLUE BELL PA 19422	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AC WALLO, EDWARD M. 980 JOLLY ROAD BLUE BELL, PA 19422	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BASKIN, WILLIAM C III 151 FARMINGTON AVENUE HARTFORD CT 06156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT + Directors	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS KRAMER, WILLIAM I 980 JOLLY ROAD BULE BELL PA 19422	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER & VP SMITH, RUSSELL P. 151 FARMINGTON AVE. HARTFORD, CT 06156	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS ORKINS, LAWRENCE G JR 151 FARMINGTON AVENUE HARTFORD CT 06156	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT COFRANCESCO, ELAINE R. 151 FARMINGTON AVE. HARTFORD CT 06156	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS WEGER, DEBRA L 980 JOLLY ROAD BLUE BELL PA 19422	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP + CONTROLLER WEISS, JAMES D. 980 JOLLY ROAD BLUE BELL, PA 19422	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SIO SELIAN, PAUL J 151 FARMINGTON AVENUE HARTFORD CT 06156	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY + VP CASAZZA, WILLIAM J. 151 FARMINGTON AVE. HARTFORD, CT 06156	☐ Change ☑ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 13 JAN 2002 860-273-6252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)