

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000021232

1. Entity Name
INTERNATIONAL PHARMACY SERVICES, INC.



FILED
05 NOV 29 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
24129 US HWY 19 NORTH
CLEARWATER, FL 33763

Mailing Address
24129 US HWY 19 NORTH
CLEARWATER, FL 33763



2. Principal Place of Business
Suite, Apt. #, etc.
4614 RIVEROVERLOOK DR.
City & State
VALRICO
Zip
33594
Country
USA

3. Mailing Address
Suite, Apt. #, etc.
4614 RIVEROVERLOOK DR.
City & State
VALRICO
Zip
33594
Country
USA

11182005 REIN-P CR2E098 (6/04)

4. FEI Number
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BANNIS, AMR
24129 US HWY 19 NORTH
CLEARWATER, FL 33763

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
4614 RIVEROVERLOOK DRIVE
City VALRICO FL Zip Code 33594

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 January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BBANNIS, AMR 24129 US HWY 19 NORTH CLEARWATER, FL 33763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BANNIS, AMR 4614 RIVEROVERLOOK DRIVE VALRICO - FL-33594 <input checked="" 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	11/29/05--01059--004 **158.75 400061756534 <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
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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: A. Bannis **18 NOV 2005** **813 654 3915**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #