


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90017 003 ***150.00

DOCUMENT # P07000036009

1. Entity Name
INTEGRAL PHARMACY SERVICES, INC.



Principal Place of Business Mailing Address

1675 NW 97 AVENUE 9100 S. DADELAND BLVD.
 UNIT 2 SUITE 1250
 DORAL, FL 33172 US MIAMI, FL 33156 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

9100 S. Dadeland Blvd. Suite, Apt. #, etc.

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 1250

City & State City & State

MIAMI, FL

Zip Country Zip Country

33156 US

60022874



03262008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

20-8691303 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

ONORATI, ANNETTE C
 9100 S. DADELAND BLVD.
 SUITE 1250
 MIAMI, FL 33156

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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	DPS CARUNCHO, JOSEPH L 9100 S. DADELAND BLVD., SUITE 1250 MIAMI, FL 33156 <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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: Joseph L. Caruncho Date: 3/28/08 Daytime Phone #: 305-670-8440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR