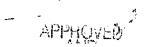
## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95 0000 96 357

1. Entity Name ADVANCED PHARMACY SERVICES
514 S. MAGNOLIA AVE
OCALA, FL 34474

SIGNATURE:

SIGNATURE AND TYPED OR P



## FILED Feb 13, 2002 8:00 A.M. Secretary of State

690-3004

DO NOT WRITE IN THIS SPACE					PALLAMASSEE, FLURIUA	
	lace of Business 145. Magnolis 100 #, etc.	3. Mailing Address  Suite, Apt. #, etc.	9me		DO NOT WRITE IN THIS SPACE	
City & State		City & State		<b>4</b> . F	FEI Number 59 33 49 2/6 Applied For Not Applicable	
Country UIA		Zip Country		5. (	Certificate of Status Desired	
4		7. N		7. Na	lame and Address of Current Registered Agent	
	DO NOT WI	RITE	Name Street Addre	Rober ss (P.O. B	et Kichard Walter	
IN THIS SPACE				5/4 5	FL Zip Code 74474	
			City A	1/0	FL Zip Code 74474	
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.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE  9. This corporation is eligible to satisfy its Intangible  January 1 - May 1 Fee is \$150.00						
Tax filing requirement and elects to do so. (See criteria on back)  Amend Make Check Pay			Fee is \$550.00  BR is \$61.25  to Department of State  10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Aspent Lider Wolfer 514 5. Missadin 200 Conla 314 34474		TITLE NAME STREET ADDRESS CITY-ST-ZIP		4000051337943 -03/19/0201027022 ****150.00 *****150.00	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			
13. 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 11 or on an attachment with an address, with all other like empowered.						

SIGNING OFFICER OR DIRECTOR