

# **2004 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P95000096357

**FILED**  
**Nov 18, 2004**  
**Secretary of State**

**Entity Name:** ADVANCED PHARMACY SERVICES, INC.

**Current Principal Place of Business:**

514 S MAGNOLIA AVE  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

514 S MAGNOLIA AVE  
OCALA, FL 34474

**New Mailing Address:**

**FEI Number:** 59-3349216

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALTER, ROBERT R  
514 S. MAGNOLIA AVE  
OCALA, FL 34474 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WALTER, ROBERT  
Address: 51 MT LAUREL AVE  
City-St-Zip: BIRMINGHAM, AL 35242

Title: ST ( ) Delete  
Name: MCMILLAN, BEN  
Address: 51 MT LAUREL AVE  
City-St-Zip: BIRMINGHAM, AL 35242

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: WALTER, ROBERT R  
Address: 51 MT LAUREL AVE  
City-St-Zip: BIRMINGHAM, AL 35242

Title: D (X) Change ( ) Addition  
Name: WALTER, KARL H  
Address: 514 WEST MAGNOLIA  
City-St-Zip: OCALA, FL 34474

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** ROBERT R. WALTER

DIR

11/18/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date