

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #: **P98000077172**
 1. Entity Name
ADVANCED PHARMACY SOLUTIONS, INC

Principal Place of Business Mailing Address
 11100 66TH STREET NORTH 11100 66TH STREET NORTH
 #14 #14
 LARGO FL 33773 LARGO FL 33773
 US US

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 **59-3534598** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
CHRISTINE BRON
 11100 66th St. North
 #14
 LARGO, FL 33773

7. Name and Address of New Registered Agent
 Name **MANDEEP K. TANEJA**
 Street Address (P.O. Box Number is Not Acceptable)
6925 112th Circle North, Suite 101
 City **LARGO** FL Zip Code **33773**

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]* / **MANDEEP K. TANEJA, VICE PRESIDENT** 9/7/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when re-registering) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00**
(See criteria on back) **After September 12, 2001 Fee will be \$750.00**
 Make Check Payable to Department of State


10. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MICHELLE LAGAMBA 5421 KARISBU PAIM HARBOR FL 34685	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MANDEEP K. TANEJA 6950 BAYAN BAY ROAD LARGO, FL 33782	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 -09/18/01--01045--00
 ***200 00 ***200 00
 CHANGE ADDITION
STATEMENT 00-01
[Signature]

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

SIGNATURE: *[Signature]* **9/16/01** 727-937-1394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Phone #

RECORDED AND FILED
 01-SEP-17 PM 11:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
00075912


DO NOT WRITE IN THIS SPACE

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