2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# F04000000812

Entity Name: INPATIENT CONSULTANTS MANAGEMENT, INC.

Current Principal Place of Business:

4605 LANKERSHIM BLVD, STE 617
NORTH HOLLYWOOD, CA 91602

New Principal Place of Business:

Current Mailing Address:

4605 LANKERSHIM BLVD, STE 617
NORTH HOLLYWOOD, CA 91602

New Mailing Address:

FEI Number: 95-4562058 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CCEO ( ) Delete
Name: SINGER, ADAM MD
Address: 4605 LANKERSHIM BLVD, STE 617
City-St-Zip: NORTH HOLLYWOOD, CA 91602

Title: PCOO ( ) Delete
Name: TAYLOR, R. JEFFREY
Address: 4605 LANKERSHIM BLVD, STE 617
City-St-Zip: NORTH HOLLYWOOD, CA 91602

Title: TCFO ( ) Delete
Name: SHAPIRO, DEVRA
Address: 4605 LANKERSHIM BLVD, STE 617
City-St-Zip: NORTH HOLLYWOOD, CA 91602

Title: S ( ) Delete
Name: SINGER, ADAM D M.D.
Address: 4605 LANKERSHIM BLVD, STE 617
City-St-Zip: NORTH HOLLYWOOD, CA 91602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: SINGER, ADAM MD
Address: 4605 LANKERSHIM BLVD, STE 617
City-St-Zip: NORTH HOLLYWOOD, CA 91602

Title: COO (X) Change ( ) Addition
Name: TAYLOR, R. JEFFREY
Address: 4605 LANKERSHIM BLVD, STE 617
City-St-Zip: NORTH HOLLYWOOD, CA 91602

Title: CFO (X) Change ( ) Addition
Name: SHAPIRO, DEVRA
Address: 4605 LANKERSHIM BLVD, STE 617
City-St-Zip: NORTH HOLLYWOOD, CA 91602

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DEVRA GAIL SHAPIRO CFO 04/24/2007

Electronic Signature of Signing Officer or Director — Date