

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000035072

FILED
Sep 16, 2003
Secretary of State

Entity Name: INTEGRATED PHYSICIAN SYSTEMS, L.L.C.

Current Principal Place of Business:

661 EAST ALTAMONTE DRIVE, SUITE 210
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

661 EAST ALTAMONTE DRIVE, SUITE 210
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 85-0484726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KATZ, ROBERT
1800 CORTEZ ROAD WEST
BRADENTON, FL 34207 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

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: KATZ, ROBERT
Address: 1800 CORTEZ ROAD WEST
City-St-Zip: BRADENTON, FL 34207

Title: MGR () Change (X) Addition
Name: PASCRELLA, EUGENE
Address: 661 EAST ALTAMONTE DRIVE SUITE 210
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: MGR () Change (X) Addition
Name: HULTMAN, JON
Address: 2011 THAYER AVENUE
City-St-Zip: LOS ANGELES, CA 90025

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ROBERT KATZ

MGR

09/16/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date