


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000004962
 1. Entity Name
 INDEPENDENT PHYSICIANS CONSULTING INC.



Principal Place of Business Mailing Address
 4440 CAMROSE LN. 4440 CAMROSE LN.
 WEST PALM BEACH, FL 33417 WEST PALM BEACH, FL 33417

DO NOT WRITE IN THIS SPACE



03192004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0984936	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BIANCHINI, ADAM
 4440 CAMROSE LN.
 WEST PALM BEACH, FL 33417

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U000000126209
 04/23/04-80025-004 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BIANCHINI, ADAM 4440 CAMROSE LN WEST PALM BEACH, FL 33417
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  _____

 Date: 04/23/04 Daytime Phone #: 561 697 4788