


**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



03192004      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 65-0984936                      Not Applicable

5. Certificate of Status Desired            \$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	P
NAME	BIANCHINI, ADAM
STREET ADDRESS	4440 CAMROSE LN
CITY - ST - ZIP	WEST PALM BEACH, FL 33417
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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