

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90449 001 \*\*\*150.00

DOCUMENT # F03000002146

1. Entity Name  
INPATIENT CLINICAL SOLUTIONS, INC.



Principal Place of Business  
12233 N.W. 35TH STREET  
CORAL SPRINGS, FL 33065

Mailing Address  
6574 N. STATE ROAD 7 #153  
COCONUT CREEK, FL 33073

40071150



2. Principal Place of Business

2801 N. UNIVERSITY Dr.  
Suite 301  
Coral Springs, FL  
33065 USA

3. Mailing Address

2801 N. UNIVERSITY Dr.  
Suite 301  
Coral Springs, FL  
33065 USA

04272005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1011679 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

BODET, MARCUS  
111 NE FIRST STREET, 9TH FLOOR  
MIAMI, FL 33132

7. Name and Address of New Registered Agent

Ozzie Bloom  
2801 N. UNIVERSITY Dr., Suite 301  
Coral Springs, FL 33065

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: Ozzie Bloom

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PC  
NAME BLOOM, OZZIE ☐ Delete  
STREET ADDRESS 6574 N. STATE ROAD 7 #153  
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE VVCS  
NAME SHARMA, HINA M.D. ☐ Delete  
STREET ADDRESS 6574 N. STATE ROAD 7 #153  
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PC ☒ Change ☐ Addition  
NAME Bloom, Ozzie  
STREET ADDRESS 2801 N. UNIVERSITY Dr., Suite #301  
CITY-ST-ZIP Coral Springs, FL 33065

VVCS ☒ Change ☐ Addition  
NAME Sharma, Hina  
STREET ADDRESS 2801 N. UNIVERSITY Dr.  
CITY-ST-ZIP Coral Springs, FL 33065

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ozzie Bloom

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2005

Date

Daytime Phone #