2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# L02000035072

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

Current Principal Place of Business:

1787 WEST STATE ROAD 434
LONGWOOD, FL 32750

New Principal Place of Business:

1190 BUSINESS CENTER DRIVE
2000
LAKE MARY, FL 32746

Current Mailing Address:

1800 CORTEZ ROAD WEST
BRADENTON, FL 34207

New Mailing Address:

FEI Number: 85-0484726 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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/MANAGERS:

Title:	MGR	( ) Delete
Name:	KATZ, ROBERT	
Address:	1800 CORTEZ ROAD WEST	
City-St-Zip:	BRADENTON, FL 34207	
Title:	MGR	( ) Delete
Name:	PASCRELLA, EUGENE	
Address:	661 EAST ALTAMONTE DRIVE SUITE 210	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32701	
Title:	MGR	( ) Delete
Name:	HULTMAN, JON	
Address:	2011 THAYER AVENUE	
City-St-Zip:	LOS ANGELES, CA 90025	
Title:	MGR	( ) Delete
Name:	BERKUN, RICHARD	
Address:	1800 CORTEZ ROAD WEST	
City-St-Zip:	BRADENTON, FL 34207	
Title:	MGR	( ) Delete
Name:	WAGNER, CURTIS	
Address:	661 EAST ALTAMONTE DRIVE SUITE 210	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32701	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 04/28/2008

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