

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000035072

**FILED**  
**Feb 23, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

1190 BUSINESS CENTER DRIVE  
2000  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

1190 BUSINESS CENTER DRIVE, SUITE 2000  
2000  
LAKE MARY, FL 32746

**New Mailing Address:**

1190 BUSINESS CENTER DRIVE  
2000  
LAKE MARY, FL 32746

**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  
1190 BUSINESS CENTER DRIVE  
LAKE MARY, FL 32746 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  
Name: KATZ, ROBERT  
Address: 1800 CORTEZ ROAD WEST  
City-St-Zip: BRADENTON, FL 34207

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

Title: MGR  
Name: HULTMAN, JON  
Address: 2011 THAYER AVENUE  
City-St-Zip: LOS ANGELES, CA 90025

Title: MGR  
Name: EHS  
Address: ONE METROPLEX DRIVE #500  
City-St-Zip: BIRMINGHAM, AL 35209

I hereby 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

02/23/2012

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