2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# L04000023689

Entity Name: INTEGRATED ECARE SOLUTIONS, LLC

Current Principal Place of Business:

310 S. DALE MABRY HWY.
SUITE 260
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

310 S. DALE MABRY HWY.
SUITE 260
TAMPA, FL 33609 US

New Mailing Address:

FEI Number: 01-0810631 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FONTES, DAVID A
310 S. DALE MABRY HWY.
SUITE 260
TAMPA, FL 33609 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/MEMBERS:

Title: MGRM ( ) Delete
Name: FONTES, ALAN
Address: 40 MOUNT DRIVE
City-St-Zip: W. LONG BRANCH, NJ 07764 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FONTES, ALAN
Address: 310 S. DALE MABRY HWY.
City-St-Zip: TAMPA, FL 33609 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALAN FONTES MGRM 04/27/2005

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