


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 06, 2005 8:00 am**  
**Secretary of State**

09-06-2005 90047 002 \*\*\*\*50.00

DOCUMENT # L04000029585					
1. Entity Name INTEGRATED PHYSICIAN SERVICES, LLC					
Principal Place of Business 1726 MEDICAL BLVD. NAPLES, FL 34110			Mailing Address 1726 MEDICAL BLVD. NAPLES, FL 34110		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<del>MCARDLE, MICHAEL W. ESQ.</del> <b>MICHAEL DENT, M.D.</b> <del>741 FIFTH AVENUE SOUTH, SUITE 209</del> <b>1726 Medical Blvd.</b> <del>NAPLES, FL 34102</del> <b>Naples, FL 34110</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL     Zip Code	
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 _____					
<b>Filing Fee is \$50.00</b> <b>Due by September 7, 2005</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Michael Dent, M.D.</b> <b>1726 Medical Blvd.</b> <b>Naples, FL 34110</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. 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 is true and accurate and that my 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: _____			Date: <u>8/25/05</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone # _____		

20067837



08252005     Chg-LLC     CR2E083 (10/03)

4. FEI Number     Applied For  
**01-0811700**     Not Applicable

5. Certificate of Status Desired     ☐     \$5.00 Additional Fee Required