2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# L04000029585

Entity Name: INTEGRATED PHYSICIAN SERVICES, LLC

Current Principal Place of Business:

1726 MEDICAL BLVD.
NAPLES, FL 34110

New Principal Place of Business:

1726 MEDICAL BLVD.
NAPLES, FL 34110 US

Current Mailing Address:

1726 MEDICAL BLVD.
NAPLES, FL 34110

New Mailing Address:

1726 MEDICAL BLVD.
NAPLES, FL 34110 US

FEI Number: 01-0811700 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DENT, MICHAEL M.D.
1726 MEDICAL BOULEVARD
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

NICI, JAMES R ESQ.
C/O COX & NICI
1185 IMMOKALEE ROAD, SUITE 110
NAPLES, FL 34110 US

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: JAMES R. NICI 01/04/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DENT, MICHAEL M.D.
Address: 1726 MEDICAL BOULEVARD
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DENT, MICHAEL M.D.
Address: 1726 MEDICAL BOULEVARD
City-St-Zip: NAPLES, FL 34110 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL DENT MGRM 01/04/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date