

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000084615

FILED
Apr 04, 2007
Secretary of State

Entity Name: INTEGRATED MEDICAL INFORMATION SYSTEMS, LLC

Current Principal Place of Business:

630 SHORE RD.
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

630 SHORE RD.
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HACKNEY, ROBERT C ESQ.
625 N. FLAGLER DRIVE, 9TH FLOOR
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

HACKNEY, ROBERT C ESQ.
MOYLE FLANIGAN ET AL
625 N. FLAGLER DRIVE, 9TH FLOOR
WEST PALM BEACH, FL 33401 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: ROBERT C. HACKNEY

04/04/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PALMERI, RICHARD
Address: 630 SHORE RD.
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT C. HACKNEY

ATTY

04/04/2007

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