

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Mar 11, 2009  
Secretary of State**

DOCUMENT# L06000087952

**Entity Name:** OUTCOME BASED DELIVERY SYSTEMS IPA, LLC

**Current Principal Place of Business:**

2825 NORTH STATE ROAD 7  
STE 204  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

2825 NORTH STATE ROAD 7  
STE 204  
MARGATE, FL 33063

**New Mailing Address:**

**FEI Number:** 35-2277912      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301      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: MGRM      ( ) Delete  
Name: MOSKOW, ERIC D MD  
Address: 2825 NORTH STATE ROAD 7, SUITE 204  
City-St-Zip: MARGATE, FL 33063

**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 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: ERIC MOSKOW

MGRM

03/11/2009

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