


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90114 045 ****50.00

DOCUMENT # L06000106391	
1. Entity Name PALM BEACH INPATIENT SPECIALISTS, LLC	

Principal Place of Business 1309 N. FLAGLER DRIVE WEST PALM BEACH, FL 33401 US	Mailing Address 990 BEAR ISLAND DRIVE WEST PALM BEACH, FL 33409 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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07052007 Chg-LLC CR2E083 (12/06)

4. FEI Number 205819254	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FLANNERY, KAREN 990 BEAR ISLAND DRIVE WEST PALM BEACH, FL 33409	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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** _____

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM FLANNERY, KAREN M.D. 990 BEAR ISLAND DRIVE WEST PALM BEACH, FL 33409 <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	MGRM ZEOUEIRA, MARIA R M.D. 6800 AUGUSTA COURT WEST PALM BEACH, FL 33412 <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	MGRM NEUES, PETRA U M.D. 5420 NORTH OCEAN DRIVE, APT. 1702 WEST PALM BEACH, FL 33404 <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	MGRM KRAUS, EVAN R M.D. 526 NE SILVER OAK TERRACE JENSEN BEACH, FL 34957 <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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **7/5/07** (561) 818-4778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #