2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 02, 2009
Secretary of State

DOCUMENT# L06000106391

Entity Name: PALM BEACH INPATIENT SPECIALISTS, LLC

Current Principal Place of Business:

1309 N. FLAGLER DRIVE
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

990 BEAR ISLAND DRIVE
WEST PALM BEACH, FL 33409 US

New Mailing Address:

FEI Number: 20-5819254 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FLANNERY, KAREN
990 BEAR ISLAND DRIVE
WEST PALM BEACH, FL 33409 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:	FLANNERY, KAREN M.D.	
Address:	990 BEAR ISLAND DRIVE	
City-St-Zip:	WEST PALM BEACH, FL 33409 US	
Title:	MGRM	( ) Delete
Name:	ZEQUEIRA, MARIA R M.D.	
Address:	6800 AUGUSTA COURT	
City-St-Zip:	WEST PALM BEACH, FL 33412 US	
Title:	MGRM	( ) Delete
Name:	NEUES, PETRA U M.D.	
Address:	5420 NORTH OCEAN DRIVE, APT. 1702	
City-St-Zip:	WEST PALM BEACH, FL 33404 US	
Title:	MGRM	( ) Delete
Name:	KRAUS, EVAN R M.D.	
Address:	526 NE SILVER OAK TERRACE	
City-St-Zip:	JENSEN BEACH, FL 34957 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: KAREN FLANNERY MGRM 07/02/2009

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