

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106391

FILED
Apr 10, 2010
Secretary of State

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 ()

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
Name: FLANNERY, KAREN M.D.
Address: 990 BEAR ISLAND DRIVE
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: MGRM
Name: ZEQUEIRA, MARIA R M.D.
Address: 6800 AUGUSTA COURT
City-St-Zip: WEST PALM BEACH, FL 33412 US

Title: MGRM
Name: NEUES, PETRA U M.D.
Address: 5420 NORTH OCEAN DRIVE, APT. 1702
City-St-Zip: WEST PALM BEACH, FL 33404 US

Title: MGRM
Name: SANCHEZ, NIEVES M.D.
Address: 166 TUSCAN CIRCLE
City-St-Zip: JUPITER, FL 33458 US

I hereby 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, M.D.

MGRM

04/10/2010

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