

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000055306

FILED
Apr 24, 2009
Secretary of State

Entity Name: INPATIENT HEALTHCARE GROUP P.L.

Current Principal Place of Business:

2900 PALM AVENUE
HIALEAH, FL 33012

New Principal Place of Business:

7100 W 20TH AVENUE
G126
HIALEAH, FL 33016

Current Mailing Address:

2900 PALM AVENUE
HIALEAH, FL 33012

New Mailing Address:

PO BOX 698
CIRCLE PINES, MN 55014

FEI Number: 26-0237718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARTZ, MICHAEL A
2514 HOLLYWOOD BOULEVARD, STE 508
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

WEISS, JANE M
490 SAWGRASS CORPORATE PARKWAY
100
SUNRISE, FL 33325 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: JANE M WEISS

04/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CORTES, ANAIS B
Address: 13201 LURAY ROAD
City-St-Zip: SOUTHWEST RANCHES, FL 33330

Title: MGR () Delete
Name: CONTRERAS, JOSE J
Address: 13201 LURAY ROAD
City-St-Zip: SOUTHWEST RANCHES, FL 33330

Title: MGR () Delete
Name: GUTIERREZ, ALEXIS
Address: 13201 LURAY ROAD
City-St-Zip: SOUTHWEST RANCHES, FL 33330

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:

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: ANAIS CORTES

MGR

04/24/2009

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