

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000066854

FILED
Jan 16, 2009
Secretary of State

Entity Name: INNOVATIVE HEALTHCARE PARTNERSHIPS, LLC

Current Principal Place of Business:

1665 RUTLEDGE ROAD
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

1665 RUTLEDGE ROAD
LONGWOOD, FL 32779 US

New Mailing Address:

PO BOX 161522
ALTAMONTE SPRINGS, FL 32716 US

FEI Number: 26-3875266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCORMACK, MICHELLE
1665 RUTLEDGE ROAD
LONGWOOD, FL 32779 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: MCCORMACK, MICHELLE
Address: 1665 RUTLEDGE ROAD
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGRM () Delete
Name: ROSKI, RICHARD MD
Address: 1665 RUTLEDGE ROAD
City-St-Zip: LONGWOOD, FL 32779 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: ROSKI, RICHARD MD
Address: 277 GRAND CANAL DRIVE
City-St-Zip: POINCIANA, FL 34759 US

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: MICHELLE MCCORMACK

MGRM

01/16/2009

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