

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000109670

**Entity Name:** IPS OF JACKSONVILLE, LLC

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1564 KINGSLEY AVE  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

201 MONTGOMERY AVE  
SARASOTA, FL 34243

**New Mailing Address:**

1564 KINGSLEY AVE  
ORANGE PARK, FL 32073

**FEI Number:** 26-3775538

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NOBACK, CARL R  
201 MONTGOMERY AVE  
SARASOTA, FL 34243. US

**Name and Address of New Registered Agent:**

NOBACK, CARL R  
5700 MIDNIGHT PASS ROAD  
STE 4  
SARASOTA, FL 34242 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:

04/22/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: NOBACK, CARL R MD  
Address: 5700 MIDNIGHT PASS ROAD  
City-St-Zip: SARASOTA, FL 34242

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: CARL R NOBACK

MGRM

04/22/2010

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