

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000066093

FILED  
Jan 11, 2010  
Secretary of State

**Entity Name:** IN HOME PHYSICIAN SERVICES, LLC

**Current Principal Place of Business:**

1320 SOUTH ORLANDO AVE.  
STE 4  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

1320 SOUTH ORLANDO AVE.  
STE 4  
WINTER PARK, FL 32789 US

**New Mailing Address:**

**FEI Number:** 27-0511286

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HALL, CHAD W  
1320 SOUTH ORLANDO AVE.  
STE 4  
WINTER PARK, FL 32789 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: FILE, MATTHEW R  
Address: 501 FOX VALLEY DRIVE  
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGRM  
Name: HALL, CHAD W  
Address: 955 APPLE LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGRM  
Name: NAGARAJAN, RAVI  
Address: 6000 TARAWOOD DRIVE  
City-St-Zip: ORLANDO, FL 32819 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: MATTHEW FILE

MGRM

01/11/2010

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