

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000072060

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** INTEGRATED PHYSICIANS CENTERS, LLC

**Current Principal Place of Business:**

9010 SW 137TH AVE  
SUITE 116  
MIAMI, FL 33186 US

**New Principal Place of Business:**

11420 N KENDALL DRIVE  
SUITE 101  
MIAMI, FL 33186 US

**Current Mailing Address:**

9010 SW 137TH AVE  
SUITE 116  
MIAMI, FL 33186 US

**New Mailing Address:**

11420 N KENDALL DRIVE  
SUITE 101  
MIAMI, FL 33186 US

**FEI Number:** 27-3017074

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DRAESEL, JEFFERY G DR.  
12921 AURALIA RD  
MIAMI, FL 33181 US

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

DRAESEL, JEFFERY G JR.  
12921 AURALIA RD  
MIAMI, FL 33181 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: JEFFREY DRAESEL JR

04/24/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DRAESEL, JEFFERY G JR  
Address: 12921 AURALIA RD  
City-St-Zip: MIAMI, FL 33181 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: JEFFREY DRAESEL JR

MGR

04/24/2012

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