

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000091611

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** INTEGRATED HEALTHCARE ADMINISTRATION IPA, LLC

**Current Principal Place of Business:**

1150 N 35TH AVE.  
240  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

1150 N 35TH AVE.  
240  
HOLLYWOOD, FL 33021

**New Mailing Address:**

**FEI Number:** 27-3360735

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALOMIA, EDINSON  
906 NW 127TH AVE.  
CORAL SPRINGS, FL 33071 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:** PRES  
**Name:** ALOMIA, EDINSON  
**Address:** 906 NW 127TH AVE.  
**City-St-Zip:** CORAL SPRINGS, FL 33071

**Title:** MNGR  
**Name:** ALOMIA, MARIA E  
**Address:** 906 NW 127TH AVE  
**City-St-Zip:** CORAL SPRINGS, FL 33071

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:** EDINSON ALOMIA

PRES

04/29/2011

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