

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000142821

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** INNOVATIVE PHARMACEUTICAL SERVICES, LLC

**Current Principal Place of Business:**

5700 MIDNIGHT PASS RD.  
STE 4  
SARASOTA, FL 34242 US

**New Principal Place of Business:**

**Current Mailing Address:**

5700 MIDNIGHT PASS RD.  
STE 4  
SARASOTA, FL 34242 US

**New Mailing Address:**

**FEI Number:** 30-0715387

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INNOVATIVE PRACTICE STRATEGIES, LLC  
5700 MIDNIGHT PASS RD.  
STE 4  
SARASOTA, FL 34242 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: INNOVATIVE PRACTICE STRATEGIES, LLC  
Address: 5700 MIDNIGHT PASS RD., STE 4  
City-St-Zip: SARASOTA, FL 34242 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: CARL R. NOBACK

MGR

04/10/2012

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