

2001 UNIFORM BUSINESS REPORT (UBR)

0031369 AF

DOCUMENT # M00000000886

1. Entity Name

INTEGRATED HEALTHCARE SOLUTIONS, LLC

FILED

01 FEB 26 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 695 TOWN CENTER DRIVE, SUITE #600 COSTA MESA CA 92626	Mailing Address 695 TOWN CENTER DRIVE, SUITE #600 COSTA MESA CA 92626
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2. Principal Place of Business 20371 Irvine Ave Suite, Apt. #, etc. 200 City & State Santa Ana Heights, CA Zip 92707 Country USA	3. Mailing Address 20371 Irvine Ave Suite, Apt. #, etc. 200 City & State Santa Ana Heights, CA Zip 92707 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 33-0880076	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

BERGHOLTZ, RICHARD S P.A.
411 NORTH DONNELLY ST., STE 207
MOUNT DORA FL 32756-1789

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Integrated ProfitMark Corp., LLC <input type="checkbox"/> Delete <i>MCRA</i> 20371 Irvine Ave, Ste 200 Santa Ana Heights, CA 92707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-24-01

714 437-4503

Date

Daytime Phone #

CR2E083 (11/00)