

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90359 029 ****50.00

DOCUMENT # M00000000886

1. Entity Name

INTEGRATED HEALTHCARE SOLUTIONS, LLC

Principal Place of Business

**20371 IRVINE AVE.
 SUITE 200
 SANTA ANA HEIGHTS CA 92707**

Mailing Address

**20371 IRVINE AVE.
 SUITE 200
 SANTA ANA HEIGHTS CA 92707**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **33-0880076**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGRM** ☐ Delete
 NAME **INTEGRATED PROFITMARK CORP., LLC**
 STREET ADDRESS **20371 IRVINE AVE, SUITE 200**
 CITY-ST-ZIP **SANTA ANA HEIGHTS CA 92707**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

Member/Owner

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

Date

Daytime Phone #

CR2E083 (9/01)