

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90085 030 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **33-0880076**

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

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
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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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]*

SIGNATURE REQUIRED

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

1-7-03

714) 437-4500

Date

Daytime Phone #

CR2E083 (10/02)