

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000004812

Entity Name: IL PATIENT'S CHOICE, LLC

FILED
Jan 05, 2011
Secretary of State

Current Principal Place of Business:

3068 WISTER CIRCLE
VALRICO, FL 33596

New Principal Place of Business:

625 W UNIVERSITY DR
UNIT A
ARLINGTON HEIGHTS, IL 60004

Current Mailing Address:

3068 WISTER CIRCLE
VALRICO, FL 33596

New Mailing Address:

625 W UNIVERSITY DR
UNIT A
ARLINGTON HTS, IL 60004

FEI Number: 20-8957434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NORTHWEST REGISTERED AGENT, LLC
3111 W. DR.MLK BLVD. SUITE 100-B180
TAMPA, FL 33607 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: RINQUEST, DELBERT S
Address: 625 W. UNIVERSITY DRIVE, UNIT A
City-St-Zip: ARLINGTON HEIGHTS, IL 60004

Title: MGRM
Name: MCCLATCHIE, BRIAN J
Address: 625 W. UNIVERSITY DRIVE, UNIT A
City-St-Zip: ARLINGTON HEIGHTS, IL 60004

Title: MGRM
Name: BIRD, STEPHEN C
Address: 625 W. UNIVERSITY DRIVE, UNIT A
City-St-Zip: ARLINGTON HEIGHTS, IL 60004

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: DELBERT S RINQUEST

MGRM

01/05/2011

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