

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90124 013 \*\*\*150.00

**DOCUMENT #** PO1000044932

**1. Entity Name**

Independent Practitioner Solutions, Inc.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

1407 Bay Villa Pl

Suite, Apt. #, etc.

Apt 2

City & State

Tampa, FL

Zip

33629

Country

USA

**3. Mailing Address**

1407 Bay Villa Pl

Suite, Apt. #, etc.

Apt 2

City & State

Tampa, FL

Zip

33629

Country

USA

DO NOT WRITE IN THIS SPACE

**4. FEI Number**

59-3714736

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

Name

Jeffery Johns

Street Address (P.O. Box Number is Not Acceptable)

1407 Bay Villa place Apt 2

City

Tampa

FL

Zip Code

33629

**DO NOT WRITE  
IN THIS SPACE**

**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**

Jeffery Johns

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

(NOTE: Registered agent signature required when reappointing)

DATE

4/12/02

**9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)**

☒

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

**10. Election Campaign Financing  
Trust Fund Contribution.**

☐

**\$5.00 May Be  
Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE	<u>Jeffery Johns - President</u>
NAME	<u>1407 Bay Villa Pl Apt 2</u>
STREET ADDRESS	<u>Tampa, FL 33629</u>
CITY - ST - ZIP	
TITLE	
NAME	
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CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

**13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

Jeffery Johns  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/12/02

DAYTIME PHONE #

713-250-2969

CR2034B (12/01)