## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000060280

Entity Name: ASSOCIATED INPATIENT SERVICES, INC.

FILED Apr 24, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

705 W SR 434, STE E 760 FLORIDA CENTRAL PARKWAY LONGWOOD, FL 32750

SUITE 212

LONGWOOD, FL 32750

**Current Mailing Address: New Mailing Address:** 

P O BOX 915201 LONGWOOD, FL 32791

FEI Number: 20-0030247 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STROGIS, ROBERT STROGIS, ROBERT 320 W. SÁBAL PALM PLACE 705 W STATE ROAD 434 SUITE 300 LONGWOOD, FL 32750 US LONGWOOD, FL 32779 US

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: ROBERT STROGIS 04/24/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

STROGIS, ROBERT STROGIS, ROBERT Name: Name:

705 W. SR 434, SUITE E 320 W. SABAL PALM PLACE, SUITE 300 Address: Address:

City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT STROGIS 04/24/2007 S