2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000060280

Entity Name: ASSOCIATED INPATIENT SERVICES, INC.

FILED Apr 25, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
760 FLORIDA CENTRA SUITE 212 LONGWOOD, FL 3275				
Current Mailing Address:		New Mailing Address	New Mailing Address:	
P O BOX 915201 LONGWOOD, FL 3279	1			
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	Name and Address of New Registered Agent:	
STROGIS, ROBERT 320 W. SABAL PALM P SUITE 300				
LONGWOOD, FL 3277	9 US			
The above named entity in the State of Florida.	submits this statement for the p	ourpose of changing its registered	l office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		ent	Date	
Election Campaign Financi	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: S (Name: STROGIS, RO) Delete DBERT	Title: Name:	()Change ()Addition	

Address: 320 W. SABAL PALM PLACE, SUITE 300

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. 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 S 04/25/2008