2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000107421

Entity Name: INPATIENT CONSULTANTS OF FLORIDA, INC

FILED Apr 28, 2006 Secretary of State

		11 00110021711110 01 120	51(1 5) (, 11 4 C.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	KERSHIM BLV WOOD, CA 9°						
Current Mailing Address:			New Maili	New Mailing Address:			
	KERSHIM BLV WOOD, CA 9°						
FEI Number	: 20-1419272	FEI Number Applied For()	FEI Number Not App	icable ()	Certificate of Status Desi	ired ()	
Name and	d Address of (Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
1200 S. PI	ORATION SYS NE ISLAND R ION, FL 3332	OAD					
	e named entity e of Florida.	submits this statement for th	e purpose of changing i	ts registered o	office or registered agen	it, or both,	
SIGNATU	RE:						
	Electro	nic Signature of Registered /	Agent		Date		
Election Ca	mpaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	SINGER, ADÀI 4605 LANKER) Delete // D CEO SHIM BLVD., SUITE 617 /WOOD, CA 91602 US	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	TAYLOR, ROB 4605 LANKER) Delete ERT J COO SHIM BLVD., SUITE 617 WOOD, CA 91602 US	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	SHAPIRO, SHA 4605 LANKER) Delete APIRO G CFO SHIM BLVD., SUITE 617 VWOOD, CA 91602 US	Title: Name: Address: City-St-Zip:	SHAPIRO, DEV 4605 LANKER	C) Change () Addition /RA G CFO SHIM BLVD., SUITE 617 WOOD, CA 91602 US		

I hereby certify that the information supplied with this filing does not qualify for the 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: DEVRA G. SHAPIRO CFO 04/28/2006