

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000107421

FILED
Apr 16, 2012
Secretary of State

Entity Name: INPATIENT CONSULTANTS OF FLORIDA, INC.

Current Principal Place of Business:

4605 LANKERSHIM BLVD STE 617
NORTH HOLLYWOOD, CA 91602

New Principal Place of Business:

Current Mailing Address:

4605 LANKERSHIM BLVD STE 617
NORTH HOLLYWOOD, CA 91602

New Mailing Address:

FEI Number: 20-1419272

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: CEO
Name: SINGER, M.D., ADAM D MD
Address: 4605 LANKERSHIM BLVD., SUITE 617
City-St-Zip: NORTH HOLLYWOOD, CA 91602 US

Title: COOS
Name: TAYLOR, ROBERT J
Address: 4605 LANKERSHIM BLVD., SUITE 617
City-St-Zip: NORTH HOLLYWOOD, CA 91602 US

Title: CFOT
Name: KLINE, RICK
Address: 4605 LANKERSHIM BLVD., SUITE 617
City-St-Zip: NORTH HOLLYWOOD, CA 91602 US

Title: CCON
Name: SARRIA, FERNANDO
Address: 4605 LANKERSHIM BLVD STE 617
City-St-Zip: NORTH HOLLYWOOD, CA 91602

I hereby 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 all other like empowered.

SIGNATURE: ADAM D. SINGER, MD

CEOP

04/16/2012

Electronic Signature of Signing Officer or Director

Date