

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000090778

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

**Entity Name:** INNOVATIVE PATIENT CARE SOLUTIONS, INC.

**Current Principal Place of Business:**

719-2 WHITNEY AVENUE  
LANTIANA, FL 33462

**New Principal Place of Business:**

**Current Mailing Address:**

719-2 WHITNEY AVENUE  
LANTIANA, FL 33462

**New Mailing Address:**

P.O. BOX 3441  
LANTIANA, FL 33465

**FEI Number:** 27-1266008

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DODSON, TRUDY D  
515 NORTH FLAGLER DRIVE, SUITE 1800  
WEST PALM BEACH, FL 33401 US

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

BLEDSON, DAVID V  
2775 POINTE CIRCLE  
GREENACRES, FL 33413 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: DAVID V. BLEDSON

04/14/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BLEDSON, DAVID V  
Address: 719-2 WHITNEY AVENUE  
City-St-Zip: LANTIANA, FL 33462

Title: VP  
Name: BLEDSON, KAREN C  
Address: 719-2 WHITNEY AVENUE  
City-St-Zip: LANTIANA, FL 33462

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: DAVID V. BLEDSON

PRES

04/14/2010

Electronic Signature of Signing Officer or Director

Date