

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000090778

**FILED**  
**Apr 28, 2011**  
**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:**

3395 LAKE WORTH ROAD  
SUITE 5  
PALM SPRINGS, FL 33461

**Current Mailing Address:**

P.O. BOX 3441  
LANTIANA, FL 33465

**New Mailing Address:**

**FEI Number:** 27-1266008

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLEDSON, DAVID V  
2775 POINTE CIRCLE  
GREENACRES, FL 33413 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: PRES  
Name: BLEDSON, DAVID V  
Address: 3395 LAKE WORTH ROAD SUITE 5  
City-St-Zip: PALM SPRINGS, FL 33461

Title: VP  
Name: BLEDSON, KAREN C  
Address: 3395 LAKE WORTH ROAD SUITE 5  
City-St-Zip: PALM SPRINGS, FL 33461

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

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date