

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90076 013 \*\*\*150.00

**DOCUMENT # P99000081843**

1. Entity Name  
**INPATIENT CARE, INC.**



Principal Place of Business

**1987 N.W. 88TH COURT  
SUITE 101  
MIAMI, FL 33172**

Mailing Address

**1987 N.W. 88TH COURT  
SUITE 101  
MIAMI, FL 33172**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**2 Pacheco ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**SAN FRANCISCO CA**

Zip

Country

Zip

Country

**94116**

**USA**

01242007

Chg-P

CR2E034 (12/06)

4. FEI Number

**65-0948190**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTIN, MICHAEL J  
1987 N.W. 88TH COURT  
SUITE 101  
MIAMI, FL 33172**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**CEO  
MARTIN, MICHAEL J MD  
1987 N.W. 88TH CT  
MIAMI, FL 33172**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/25/07 415-665-5624**