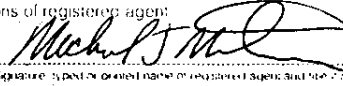
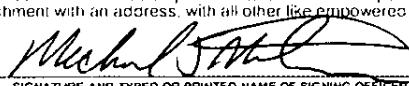


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90061 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 2 PACHECO ST SAN FRANCISCO, CA 94116		
2. Principal Place of Business - No P.O. Box # 1987 NW 88TH COURT Suite, Apt. #, etc. Suite 101 City & State Doral, FL Zip 33172			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
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 MARTIN, MICHAEL J 1987 N.W. 88TH COURT SUITE 101 MIAMI, FL 33172			7. Name and Address of New Registered Agent Name: MICHAEL PROPERTIES Street Address (P.O. Box Number is Not Acceptable): 1987 NW 88TH COURT Suite 101 City: Doral FL Zip Code: 33172		
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:  President of Michael Properties 1/6/08 Signature typed or printed name of registered agent and fee, if applicable. (FEI) (Only if Agent Signature required when registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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	CEO MARTIN, MICHAEL J MD 1987 NW 88TH CT Doral, FL 33172	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: 		1/6/08 415-665-5624			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			